CITY OF WINNIPEG
HEALTH DEPARTMENT

ANNUAL REPORT 1966

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MEDICAL HEALTH OFFICER

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MEDICAL HEALTH OFFICER

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City of Winnipeg

Health Department
CIVIC CENTRE
Winnipeg 2, Man.

OUR FILE NO._____

YOUR FILE NO._____

June 1, 1967.

Chairman and Members,
Committee on Public Health and Welfare.

Madam and Gentlemen,

I have the honour to present the Annual Report of the City Health Department for the year 1966.

The year was free of any serious threat of illness of a major proportion among the citizens. There was an increase in the work load of almost every phase of our endeavours and in all it was a successful and progressive year.

The birth rate declined to ~~20.5~~ 18.1 per thousand population which is the lowest recorded in the past twenty years. It is gratifying to note that the infant mortality rate dropped to 17.6 per thousand live births which is considerably below the Canadian average of 23.6 and is the least number of infant deaths ever recorded within the City. There was an astounding increase in the number of illegitimate births rising to 16.3% of total births. It would appear that unwed mothers come to Winnipeg to be delivered and give a Winnipeg address as their home; hence the illegitimate birth is recorded as a vital statistic of the City of Winnipeg. Cancer of the lung continued as the leading cause of cancerous deaths in males with a total of eighty-one deaths from this form of disease. Only four deaths were directly attributable to tuberculosis, and this also is the least number of deaths ever recorded from tuberculosis. The incidence of infectious hepatitis decreased with only seventy-five cases being reported and is the least number of cases to occur in the past twelve years.

Over seventeen thousand primary or booster inoculations were given to infants or school children for protection against the common communicable diseases. A review of the dental statistics shows a 300% increase in the number of children in Grade One with no carious teeth compared to 1959. This remarkable change in the incidence of carious teeth must in the main be attributed to a fluoridated water supply. During the year eighty-three thousand visits were made by pupils within the school system to the public health nurses. There was a slight decline in the number of infants attending the child health centres, which is perhaps the result of the declining birth rate.

As the result of legislation enacted last year all hairdressers and barbers were x-rayed, and although a number of old healed cases of tuberculosis were discovered, no individual with active disease was found. The Minimum Standards of Housing Repair By-law, which was primarily designed to prevent housing blight, was enacted during the year with most successful enforcement by the Housing Division. At present this By-law only applies to rented accommodation but it is our hope that within the coming year the By-law will be amended to include owner-occupied premises. However, this will require approval of the Law Amendments Committee of the Provincial Legislature.

Negotiations were opened with the Manitoba Hospital Commission and the Arlington Street Salvation Hospital to obtain space in the latter institution for a Community Health Centre. The Salvation Army authorities have been most cooperative and are willing and anxious to provide space for a Community Health Centre once they have moved to their new location in St. James. Better accommodation for our Child Health Centres is urgently needed. Space has been allocated to us in the Lord Selkirk Park Development area for the possible construction of a Community Health Centre in that area.

Details of the work performed by the various Divisions of the Department during the year are contained in the following pages. The support of the Committee on Public Health as well as that of other elected representatives of the City Council has been appreciated by myself and all members of the staff. I should like to commend all members of the Department for their loyalty, diligence and efficiency in carrying out the many varied activities of the Department.

Respectfully submitted,

R. G. Cadham.

Medical Health Officer.

RGC:lv

C O N T E N T S

COMMITTEE ON PUBLIC HEALTH AND WELFARE

Alderman E.J. Enns - Chairman
Alderman E.I. Tennant - Vice Chairman
Alderman M.H. Danzker
Alderman L. Stinson
Alderman P. Parashin
Alderman I. Wolch
His Worship Mayor S. Juba (ex officio)

STAFF

Medical Health Officer	R.G. Cadham, M.D., D.P.H.
Deputy Medical Health Officer	P. Constantinidis, M.D.
Consultant, Child Care Services	H. Medovy, M.D.,F.R.C.P.(C)
Director of Dental Services	L.N. Konyk, D.D.S.
Director, Public Health Nursing	Miss L. MacKenzie, R.N., M.A., P.D.
Chief Health Inspector	*E.J. Rigby, D.V.M.
Chief Health Inspector	**R.C. Morrow, D.V.M.
Secretary	E. Singleton

* Retired - September 10, 1966
** Appointed - September 24, 1966

HISTORY

From a Hudson's Bay Company trading post (Fort Garry) in 1870, with a population of 215, Winnipeg has grown to the size and finish of a first-class city of approximately 254,000 people. When the City was incorporated in 1873 there was a population of 1,869.

The present Health Department may be said to date from 1900 when the late Dr. A.J. Douglas was appointed the first full-time Health Officer.

From 1881 to 1900 Winnipeg had a series of part-time Medical Health Officers.

In 1941 amalgamation with the School Medical Services occurred and the services increased and extended to all child-caring institutions in the City without distinction. This applies to Medical, Dental and Nursing Services.

The Child Health Services Board was set up to help the Department in a consultative manner, meetings being held at the call of the Chairman. This Board was replaced in 1955 by a monthly meeting of the administrative officers of the School Board and the Health Department.

The Department has now several Branches to carry out the provisions of the Public Health Act of Manitoba, the Health By-law of the City and a number of other City By-laws.

AREA AND POPULATION

The City covers a total area of 31 square miles -- land 30.27 square miles (19,196 acres), and water .73 square miles (469 acres). The density of the population is 13.2 persons per acre of land.

For statistical purposes the population for 1966 is 253,897, a decrease of 947 from 254,844 in 1965 as determined by the Assessment Commissioner. In 1966 the natural increase (live births less deaths) was 1938.

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1966

(Including Non-Residents)

	1966	1965
Live Births	7,558	8,198
Deaths	3,229	3,190
Stillbirths	116	116

Summary of Vital Statistics, Residents, 1966

		1966	1965
Live Births	Male	2,384	2,741
	Female	2,220	2,480
	Undetermined	-	1
	Total	4,604	5,222
Rate per 1,000 population		18.1	20.5
Deaths	Male	1,518	1,571
	Female	1,148	1,109
	Undetermined	-	1
	Total	2,666	2,681
Rate per 1,000 population		10.5	10.5
Natural increase		1,938	2,541
Infant Deaths (- 1 year)	Male	53	62
	Female	28	40
	Undetermined	-	1
	Total	81	103
Rate per 1,000 Live Births		17.6	19.7
Stillbirths	Male	35	39
	Female	37	30
	Undetermined	-	1
	Total	72	70
Rate per 1,000 Live Births		15.6	13.4
Maternal Deaths		-	-
		-	-
Rate per 1,000 Live Births		-	-

(Population - December 31, 1966 - 253,897)

LIVE BIRTHS

A total of 4,604 live births occurred to Winnipeg residents in 1966 giving a rate of 18.1 per 1,000 population compared with a rate of 20.5 recorded in 1965. This is a decrease of 11.7% from 1965 and is the lowest rate recorded for over two decades. In 1966 there were 1,074 males born for every 1,000 females. First children accounted for 37.5% of all births, second children 26.0% and third children 15.8%. Children born to mothers in the 15 year age group, 20 - 35 years numbered 3,446 or 74.9% of all births.

INFANT MORTALITY

There were 81 deaths of infants under one year of age giving a rate of 17.6 per 1,000 live births and is the lowest rate ever recorded in Winnipeg. Deaths of infants during the first week accounted for 56% with 51% of these occurring during the first day.

Congenital malformations 16, accidental causes 15, birth injury 7, immaturity 7, post natal asphyxia 6, were the principal causes accounting for 63% of infant deaths. A detailed list of the causes of infant deaths is on page 21 of this report.

PERINATAL MORTALITY

In 1966 there were 72 stillbirths and 45 deaths of infants under one week for a total of 117 which represents a perinatal death rate of 24.8 per 1,000 total births. Comparative rates for 1965, 1964 and 1963 were 26.5, 30.8 and 28.9 respectively.

MATERNAL MORTALITY

For the third successive year there were no deaths recorded from conditions pertaining to childbearing for Winnipeg residents.

GENERAL MORTALITY

There were 2,666 deaths of Winnipeg residents recorded during the year giving a rate of 10.5 per 1,000 population which is the same rate as that recorded in 1965.

As has been the case for many years, diseases of the heart have been the leading cause of death with a total of 938 being recorded in 1966. The disease is at a minimum up to age 44 but increases each year thereafter to a maximum in old age with over 76% of all deaths from heart disease occurring to people 65 years of age and over. Arteriosclerotic and degenerative heart disease is the most predominant type accounting for 846 deaths.

Malignant neoplasms was the second leading cause of death recorded accounting for 542 deaths or 20.4% of all deaths. There were 294 male and 248 female deaths with over 95 percent occurring after age 44. Cancer of the Trachea, Bronchus and lung continues to be the most common site among males and accounts for almost one quarter of all deaths of males from Cancer. Cancer of the breast is the most common site among females with over half of the deaths occurring under 65 years of age.

Vascular lesions affecting the central nervous system was the third leading cause taking 290 lives or 10.9% of all deaths unchanged in the last three years. The majority of these deaths occur to people over 60 years of age.

Accidents, poisonings and violent deaths took 174 lives or 6.5% of all deaths. Motor vehicle accidents caused 39 deaths with almost half of them occurring to people under 30 years of age. Almost three times as many males as females died as a result of motor vehicle accidents. Accidental falls are the major cause of death by accidents accounting for 46 deaths. Almost 90% of these deaths occurred to people over 64 years of age. Suicides accounted for 30 deaths with over three times as many males as females committing suicide.

* * * *

Our appreciation and thanks are extended to all those who co-operated with us during the year in permitting us the use of the registrations of births and deaths or copies of them, and for the use of the tabulating machines.

LIVE BIRTHS & INFANT DEATHS 1947 - 1966

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1947	5,532	23.6	193	34.7
1948	4,779	20.4	153	32.0
1949	4,968	21.2	137	27.6
1950	5,045	21.1	133	26.4
1951	5,254	21.9	115	21.9
1952	5,417	22.5	131	24.2
1953	5,586	23.0	166	29.7
1954	5,920	24.3	145	24.4
1955	6,016	24.2	147	24.4
1956	5,908	23.3	144	24.4
1957	6,067	23.8	180	29.7
1958	5,892	23.1	155	26.3
1959	6,023	23.4	154	25.6
1960	6,281	24.5	158	25.1
1961	6,105	23.8	137	22.4
1962	5,938	23.2	135	22.7
1963	5,859	22.8	123	21.0
1964	5,543	21.7	128	23.1
1965	5,222	20.5	103	19.7
1966	4,604	18.1	81	17.6

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER 1966
(Percentage of Total compared with 1965)

	10-14	15-19	20-24	25-29	30-34	35-39	40+	UN-KNOWN	TOTAL	1966 % of TOTAL	1965 % of TOTAL
1st	5	550	802	269	61	32	7	-	1,726	37.5	36.7
2nd	-	129	530	360	124	40	12	1	1,196	26.0	26.5
3rd	-	26	232	237	146	70	16	-	727	15.8	16.6
4th	-	4	90	138	98	68	19	-	417	9.0	8.5
5th	-	-	21	73	68	37	21	-	220	4.8	4.7
6th & over	-	-	9	85	100	81	39	-	314	6.8	6.8
Unknown	-	-	2	-	1	1	-	-	4	0.1	0.2
Total	5	709	1,686	1,162	598	329	114	1	4,604	100.0	100.0
Percent	0.1	15.4	36.6	25.3	13.0	7.1	2.5	-			

Table Showing Number of Births, Deaths, Infant Deaths And Maternal Mortality With Rates For Winnipeg For Years 1911-1966 * **

YEAR	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 L.B.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-15	5,369	29	2,022	11.1	813	152	35	6.5
1916-20	5,695	30	2,177	11.5	570	104	35	6.9
1921-25	5,371	27	1,677	8.5	415	77	25	4.7
1926-30	4,527	22	1,777	8.7	277	61	26	5.7
1931-35	3,944	18	1,512	6.9	170	43	20	5.1
1936-40	3,785	17	1,697	7.7	138	36	17	4.5
1941-45	4,037	18	1,985	8.7	159	39	10	2.3
1946-50	5,200	22	2,035	8.7	164	31	4	0.8
1951-55	5,639	23.2	2,220	9.2	140	24.8	4	0.7
1956-60	6,034	23.7	2,595	10.2	158	26.2	2	0.4
1959	6,023	23.4	2,738	10.6	154	25.6	2	0.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	0.3
1961	6,105	23.8	2,566	10.0	137	22.4	3	0.5
1962	5,938	23.2	2,564	10.0	135	22.7	2	0.3
1963	5,859	22.8	2,745	10.7	123	21.0	2	0.3
1964	5,543	21.7	2,606	10.2	128	23.1	0	-
1965	5,222	20.5	2,681	10.5	103	19.7	0	-
1966	4,604	18.1	2,666	10.5	81	17.6	0	-

Table Showing Number of Deaths and Rate Per 100,000 Population From Certain Diseases for Winnipeg For The Years 1911 - 1966 * **

YEAR	T.B.	RATE PER 100,000 pop.	4 ACUTE COMM. DISEASES #	RATE PER 100,000 pop.	DISEASES OF HEART	RATE PER 100,000 pop.	CANCER ALL FORMS	RATE PER 100,000 pop.
1911-15	131	72	142	78	117	64	87	48
1916-20	136	72	135	72	138	73	135	72
1921-25	94	48	65	33	174	88	178	90
1926-30	86	42	37	18	233	115	209	103
1931-35	65	29	15	7	308	141	268	123
1936-40	52	24	11	5	450	205	283	129
1941-45	51	22	8	4	613	270	324	143
1946-50	34	14	4	2	676	291	333	143
1951-55	20	8	1	0.4	804	334	412	169
1956-60	17	6.5	1	0.5	952	374	466	183
1959	15	6	-	-	1,010	392	482	187
1960	18	7	1	0.3	1,005	391	494	192
1961	10	4	1	0.3	917	357	465	181
1962	8	3	2	0.8	934	365	499	195
1963	12	5	-	-	913	356	512	200
1964	11	4	-	-	913	357	511	200
1965	6	2	-	-	933	366	560	219
1966	4	2	1	0.4	938	369	542	213

* 1911-1930 include non-residents. 1931-1966 include residents only.
** 1911-1960 show average figures for the periods.
\# Measles, Scarlet Fever, Diphtheria, Whooping Cough.

CHIEF CAUSES OF DEATH 1966 RESIDENTS ONLY
ALL AGES

No.	CAUSE OF DEATH	1966 Number of Deaths	1966 % of Total Deaths	1965 Number of Deaths	1965 % of Total Deaths
1	Diseases of the Heart	938	35.2	933	34.8
2	Malignant Neoplasms	542	20.3	560	20.9
3	Vascular Lesions affecting Central Nervous System	290	10.9	292	10.9
4	Accidents, Poisoning and Violent Deaths	174	6.5	170	6.3
5	Pneumonia	141	5.3	140	5.2
6	Diseases of Arteries	102	3.8	68	2.5
7	Malformations and Diseases of Early Infancy	66	2.5	93	3.5
8	Cirrhosis of Liver	36	1.3	37	1.4
9	Diabetes Mellitus	32	1.2	44	1.6
10	Bronchitis	20	0.8	26	1.0
11	Intestinal Obstruction and Hernia	18	0.7	24	0.9
12	Nephritis and Nephrosis	16	0.6	7	0.3
13	Infections of Kidney	16	0.6	15	0.5
14	Ulcer of Stomach and Duodenum	12	0.4	24	0.9
15	Hypertension without mention of Heart	7	0.3	7	0.3
	All other causes	256	9.6	241	9.0
	TOTAL	2,666	100.0	2,681	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1966 classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International List of Diseases and Causes of Death.

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS IN CERTAIN AGE GROUPS 1966

No.	Cause of Death	Deaths in age group Number	Deaths in age group Percent	Deaths at all ages Number	Deaths at all ages Percent
	0 - 1 year				
1	Congenital Malformations	17	21.0	24	70.8
2	Accidental Causes	15	18.5	174	8.6
3	Ill defined diseases peculiar to early Infancy	15	18.5	15	100.0
4	Birth Injuries	7	8.6	8	87.5
5	Immaturity	6	7.4	6	100.0
6	Postnatal Asphyxia & Atelectasis	6	7.4	6	100.0
7	Infections of the newborn	5	6.2	5	100.0
8	Pneumonia of Newborn	4	5.0	4	100.0
	All other causes	6	7.4	2,424	0.2
	Total	81	100.0	2,666	3.0
	1 - 4 years				
1*	Accidental causes	5	33.3	174	2.9
2	Congenital Malformations	3	20.0	23	13.0
3	Diseases of the Genito Urinary System	2	13.3	55	3.6
4	Vascular Lesions affecting the Central Nervous System	1	6.7	290	0.3
5	Birth Injuries	1	6.7	8	12.5
6	Mental Deficiency	1	6.7	4	25.0
7	Non Meningococcal Meningitis	1	6.7	2	50.0
8	Whooping Cough	1	6.6	1	100.0
	All other causes	-	-	2,109	-
	Total	15	100.0	2,666	0.6
*	Motor Vehicle - 1 Drowning - 1 Homicide - 2				
	5 - 14 years				
1*	Accidental Causes	4	28.6	174	2.3
2	Malignant Neoplasms	3	21.4	542	0.6
3	Acute infectious encephalitis	1	7.1	1	100.0
4	Spina Bifida & Meningocele	1	7.1	3	33.3
5	Mental Deficiency	1	7.1	4	25.0
6	Infections of the Kidney	1	7.1	16	6.3
7	Pneumonia all forms	1	7.2	141	0.7
8	Diseases of the heart	1	7.2	938	0.1
	All other causes	1	7.2	847	0.1
	Total	14	100.0	2,666	0.5
*	Motor vehicle - 2				
	15 - 24 years				
1*	Accidental causes	21	72.4	174	12.1
2	Malignant Neoplasms	3	10.3	542	0.6
3	Diseases of the Heart	2	6.9	938	0.2
4	Tuberculosis	1	3.4	4	25.0
5	Allergic Disorders	1	3.5	7	14.3
6	Pneumonia all forms	1	3.5	141	0.7
	All other causes	-	-	860	-
	Total	29	100.0	2,666	1.1
*	Motor Vehicle - 10 Suicide - 3				

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS IN CERTAIN AGE GROUPS 1966

No.	Cause of Death	Deaths in age group Number	Deaths in age group Percent	Deaths at all ages Number	Deaths at all ages Percent
No.	25 - 44 years				
1	Malignant Neoplasms	22	23.2	542	4.1
2	Diseases of the Heart	14	14.7	938	1.5
3	Suicide	9	9.5	30	30.0
4	Motor Vehicle Accidents	7	7.4	39	17.9
5	Cirrhosis of the liver	6	6.3	36	16.7
6	Vascular lesions affecting Central Nervous System	5	5.3	290	1.7
7	Accidental Poisoning	2	2.1	6	33.3
8	Accidental Falls	2	2.1	46	4.3
	All other causes	28	29.4	739	3.8
	Total	95	100.0	2,666	3.6
	45 - 64 years				
1	Diseases of the heart	202	35.1	938	21.5
2	Malignant Neoplasms	192	33.4	542	35.4
3	Vascular lesions affecting Central Nervous System	32	5.6	290	11.0
4	Diseases of the Arteries	13	2.3	102	12.7
5	Pneumonia all forms	13	2.3	141	9.3
6	Suicide	10	1.7	30	33.3
7	Motor vehicle accidents	7	1.2	39	17.9
8	Diabetes mellitus	6	1.0	32	18.8
	All other causes	100	17.4	552	18.5
	Total	575	100.0	2,666	21.6
	65 - 84 years				
1	Diseases of the Heart	570	39.3	938	60.8
2	Malignant Neoplasms	285	19.7	542	51.6
3	Vascular lesions affecting Central nervous system	178	12.3	290	61.4
4	Pneumonia all forms	81	5.6	141	57.1
5	Diseases of the Arteries	64	4.4	102	62.7
6	Accidental falls	28	1.9	46	60.9
7	Diabetes mellitus	23	1.6	32	71.9
8	Cirrhosis of the Liver	11	0.8	36	30.6
	All other causes	209	14.4	539	38.8
	Total	1,449	100.0	2,666	54.3
	85 years and over				
1	Diseases of the Heart	149	36.5	938	15.9
2	Vascular lesions affecting Central Nervous System	74	18.1	290	25.5
3	Malignant Neoplasms	48	11.8	542	8.9
4	Pneumonia all forms	45	11.0	141	31.9
5	Diseases of the Arteries	24	5.9	102	23.5
6	Accidental falls	13	3.2	46	28.3
7	Bronchitis	8	2.0	20	40.0
8	Hypertension without mention of heart	6	1.5	7	85.7
	All other causes	41	10.0	580	7.1
	Total	408	100.0	2,666	15.3

DEATHS OF WINNIPEG RESIDENTS BY CAUSE, AGE AND SEX - 1966

Int'l List No.	Cause of Death Intermediate List (7th Rev.)	Sex	Age																			
			Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +
	All Causes	T	2,666	54	27	15	6	8	11	18	10	17	30	38	76	120	158	221	292	335	423	399	279	129
		M	1,518	37	16	8	4	4	10	13	7	9	17	18	44	77	84	150	186	205	227	216	135	51
		F	1,148	17	11	7	2	4	1	5	3	8	13	20	32	43	74	71	106	130	196	183	144	78
I	Infective & parasitic diseases	T	18	-	2	1	1	1	-	1	1	-	-	3	2	-	-	1	1	1	2	1	-	-
		M	11	-	1	1	-	-	-	1	1	-	-	3	-	-	-	1	1	1	1	-	-	-
		F	7	-	1	-	1	1	-	-	-	-	-	-	2	-	-	-	-	-	1	1	-	-
A1	Tuberculosis of Respiratory System	M	4	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	1	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A. Active	M	4	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	1	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	B. Inactive	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A10	All other Syphilis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A20	Septicaemia & Pyaemia	M	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
		F	3	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
A22	Whooping Cough	M	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A29	Acute Infectious Encephalitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A30	Late effects of Poliomyelitis	M	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A34	Infectious Hepatitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
A43	All other Infective & Parastic diseases	M	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
		F	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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II	Neoplasms	T	553	-	-	-	1	2	2	1	2	1	6	13	31	37	59	65	74	84	75	52	35	13
		M	301	-	-	-	1	1	1	1	2	-	3	3	13	16	23	38	38	51	48	35	18	9
		F	252	-	-	-	-	1	1	-	-	1	3	10	18	21	36	27	36	33	27	17	17	4
A44-A59	All Malignant Neoplasms	M	294	-	-	-	1	1	1	1	2	-	3	2	12	16	23	38	36	51	46	34	18	9
		F	248	-	-	-	-	1	-	-	-	1	3	10	18	21	35	27	35	33	26	17	17	4
A44	Buccal Cavity & Pharynx	M	8	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	1	2	-	1	-	1
		F	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
A45	Oesophagus	M	4	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	1	-	-	-
		F	4	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	-	-	-	-	-
A46	Stomach	M	30	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	8	8	5	1	2	2
		F	21	-	-	-	-	-	-	-	-	-	-	-	2	1	1	2	5	3	3	1	3	-
A47	Intestine except rectum	M	39	-	-	-	-	-	-	-	1	-	-	1	1	2	6	7	5	5	5	2	2	2
		F	29	-	-	-	-	-	-	-	-	-	1	1	1	1	2	1	4	6	5	4	3	-
A48	Rectum	M	15	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	1	4	2	2	2	-
		F	11	-	-	-	-	-	-	-	-	-	-	1	-	1	3	2	2	-	1	1	-	-
A49	Larynx	M	7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	1	1	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
A50	Trachea, Bronchus and Lung not specified as secondary	M	69	-	-	-	-	-	-	-	-	-	1	1	3	3	6	14	9	14	12	5	-	1
		F	12	-	-	-	-	-	-	-	-	-	-	-	1	1	3	1	2	2	-	1	1	-
A51	Breast	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
		F	39	-	-	-	-	-	-	-	-	-	2	2	5	5	8	3	2	5	4	2	-	1
A52	Cervix Uteri	F	15	-	-	-	-	-	-	-	-	1	-	-	3	1	4	-	1	2	1	-	-	2
A53	Other and unspecified parts of the Uterus	F	7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	1	-	-	-	-
A54	Prostate	M	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	5	8	9	5	2
A55	Skin	M	5	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	1	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
A56	Bone & Connective Tissue	M	2	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-

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II	Cont.																								
A57	All other & unspecified sites	M	56	-	-	-	-	-	-	-	-	-	2	-	4	7	3	5	4	9	9	5	7	1	
		F	84	-	-	-	-	1	-	-	-	-	-	3	5	11	6	12	13	13	8	5	7	-	
	A. Other Digestive organs 155-159	M	24	-	-	-	-	-	-	-	-	-	1	-	2	3	3	2	2	4	2	2	3	-	
		F	28	-	-	-	-	-	-	-	-	-	-	1	-	2	2	4	6	6	4	2	1	-	
	B. Urinary Organs 180, 181	M	18	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	3	6	1	4	1	
		F	13	-	-	-	-	1	-	-	-	-	-	1	1	1	-	3	-	1	1	-	4	-	
	C. Brain & other parts of Nervous System 193	M	6	-	-	-	-	-	-	-	-	-	1	-	2	2	-	1	-	-	-	-	-	-	
		F	9	-	-	-	-	-	-	-	-	-	-	-	-	1	3	3	-	1	-	1	-	-	
	D. Other	M	8	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	1	2	-	-	
		F	34	-	-	-	-	-	-	-	-	-	-	1	4	7	1	2	7	5	3	2	2	-	
A58	Leukaemia and Aleukaemia	M	12	-	-	-	-	1	-	1	-	-	-	-	-	-	1	2	1	1	1	4	-	-	
		F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	1	
A59	Lymphosarcoma & other neoplasms of lympathic and haematopoietic system	M	13	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	2	2	2	3	-	-	
		F	16	-	-	-	-	-	-	-	-	-	-	2	-	-	3	1	2	1	4	-	3	-	
	A. Hodgkin's disease 201	M	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	3	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	
	B. Other	M	12	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	2	2	2	3	-	-	
		F	13	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	1	4	-	3	-	
A60	Benign neoplasms & neoplasms of unspecified nature	M	7	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	2	1	-	-	
		F	4	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	
III & IV	Allergic Disorders and Endocrine Metabolic and Blood Diseases	T	48	-	1	-	-	-	1	-	-	-	-	-	-	3	2	3	6	6	11	11	3	1	
		M	26	-	-	-	-	-	1	-	-	-	-	-	-	1	2	1	4	4	6	5	1	1	
		F	22	-	1	-	-	-	-	-	-	-	-	-	-	2	-	2	2	2	5	6	2	1	
A61	Non-toxic goitre	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

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III & IV Cont.																									
A63	Diabetes Mellitus	M	18	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	3	4	3	1	1	
		F	14	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	2	3	4	1	-	
A64	Avitaminosis & other deficiency states	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A65	Anemias	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
		F	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	-	-	
A66	Allergic disorders, all other endocrine, metabolic and blood diseases	M	3	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	
		F	4	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	
V	Mental, Psychoneurotic and Personality Disorders	T	7	-	2	1	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	-	-	
		M	5	-	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
		F	2	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	
A67	Psychoses	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
A68	Psychoneuroses and disorders of personality	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
A69	Mental deficiency	M	4	-	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VI	Diseases of the Nervous System and Sense Organs	T	318	-	-	2	-	-	-	-	1	1	3	2	4	6	17	13	20	46	62	67	46	28	
		M	142	-	-	1	-	-	-	-	1	1	2	-	3	4	10	8	8	25	29	26	15	9	
		F	176	-	-	1	-	-	-	-	-	-	1	2	1	2	7	5	12	21	33	41	31	19	
A70	Vascular lesions affecting central nervous system	M	126	-	-	-	-	-	-	-	-	-	2	-	2	3	8	7	6	23	26	25	15	9	
		F	164	-	-	1	-	-	-	-	-	-	1	2	1	2	4	5	10	17	30	41	31	19	
A71	Non-meningococcal Meningitis	M	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
A72	Multiple Sclerosis	M	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
		F	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	

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VI	Cont.																							
A73	Epilepsy	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
A77	Otitis Media & Mastoiditis	M	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A78	All other diseases of the nervous system & sense organs	M	13	-	-	-	-	-	-	-	-	1	-	-	-	1	2	1	2	2	3	1	-	-
		F	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	2	-	-	-
VII	Diseases of the Circulatory System	T	1086	-	-	-	-	1	-	2	-	4	3	10	24	55	48	96	133	143	199	189	123	56
		M	637	-	-	-	-	1	-	1	-	2	3	6	16	45	34	70	95	84	103	97	60	20
		F	449	-	-	-	-	-	-	1	-	2	-	4	8	10	14	26	38	59	96	92	63	36
A79	Rheumatic Fever	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
A80	Chronic Rheumatic Heart Disease	M	8	-	-	-	-	-	-	1	-	-	-	-	-	1	1	1	2	1	-	-	1	-
		F	7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	2	-
A81	Arteriosclerotic and degenerative heart disease	M	520	-	-	-	-	-	-	-	-	1	2	6	16	42	28	56	76	68	85	78	45	17
		F	326	-	-	-	-	-	-	-	-	2	-	2	4	7	10	18	31	44	77	64	42	25
A82	Other diseases of heart	M	16	-	-	-	-	1	-	-	-	-	-	-	-	1	-	3	1	2	2	3	3	-
		F	31	-	-	-	-	-	-	1	-	-	-	-	2	1	1	3	-	3	3	9	3	5
A83	Hypertension with heart disease	M	19	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	4	2	1	4	2	-
		F	11	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	3	1	1	3
A84	Hypertension without mention of heart	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
		F	5	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	-	1	-
A85	Diseases of Arteries	M	54	-	-	-	-	-	-	-	-	-	1	-	-	-	-	7	8	7	13	10	6	2
		F	48	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	1	7	8	10	13	3
A86	Other diseases of Circulatory System	M	17	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	3	4	2	2	2	1
		F	20	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	2	3	3	8	1	-

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VIII	Diseases of the Respiratory System	T	215	-	-	-	1	-	1	-	-	1	-	-	-	3	7	14	22	27	37	42	35	25	
		M	140	-	-	-	-	-	1	-	-	-	-	-	-	2	4	11	17	21	22	29	22	11	
		F	75	-	-	-	1	-	-	-	-	1	-	-	-	1	3	3	5	6	15	13	13	14	
A87	Acute upper respiratory infections	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
A88	Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	1	1	
A89	Lobar pneumonia	M	11	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	3	2	1	
		F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	2	
A90	Bronchopneumonia	M	60	-	-	-	-	-	-	-	-	-	-	-	-	1	2	4	7	9	9	18	9	1	
		F	37	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	4	3	8	5	7	8	
A91	Primary, atypical, other and unspecified pneumonia	M	17	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	3	1	4	6	
		F	11	-	-	-	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	4	3	1	
A92	Acute Bronchitis	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A93	Bronchitis chronic and unqualified	M	13	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	-	3	-	3	2	
		F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1	1	
A95	Empyema and abscess of lung	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A97	All other respiratory diseases	M	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	9	5	5	3	1	
		F	10	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	2	3	-	1	1	
IX	Diseases of the Digestive System	T	105	-	2	-	-	-	-	-	-	1	7	2	3	7	13	10	17	8	10	10	14	1	
		M	55	-	1	-	-	-	-	-	-	-	3	2	1	2	6	8	9	5	5	6	7	-	
		F	50	-	1	-	-	-	-	-	-	1	4	-	2	5	7	2	8	3	5	4	7	1	
A99	Ulcer of Stomach	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
A100	Ulcer of Duodenum	M	5	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	1	-	1	-	
		F	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)	Sex	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs.+	
IX	Cont.																								
A102	Appendicitis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A103	Intestinal obstruction and hernia	M	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	2	1	-	
		F	11	-	1	-	-	-	-	-	-	-	1	-	-	1	2	-	-	-	2	1	3	-	
A104	Gastro - enteritis & colitis except diarrhoea of new-born	M	4	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	
		F	3	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	
A105	Cirrhosis of Liver	M	20	-	-	-	-	-	-	-	-	-	2	2	-	2	1	3	4	2	1	-	3	-	
		F	16	-	-	-	-	-	-	-	-	1	1	-	1	3	4	2	3	-	-	1	-	-	
A106	Cholelithiasis and Cholecystitis	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	
		F	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	2	1	
A107	Other diseases of digestive system	M	11	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	3	-	1	1	2	-	
		F	11	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	2	2	1	1	2	-	
X	Diseases of the Genito Urinary System	T	55	-	-	2	-	1	-	-	-	-	2	-	2	1	3	7	5	7	10	7	7	1	
		M	33	-	-	-	-	-	-	-	-	-	1	-	2	1	1	4	3	5	7	5	4	-	
		F	22	-	-	2	-	1	-	-	-	-	1	-	-	-	2	3	2	2	3	2	3	1	
A109	Chronic, other and Unspecified nephritis	M	10	-	-	-	-	-	-	-	-	-	1	-	1	1	-	2	-	1	2	1	1	-	
		F	6	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	-	1	
A110	Infections of kidney	M	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	1	-	-	
		F	11	-	-	1	-	1	-	-	-	-	-	-	-	-	1	3	1	1	-	1	2	-	
A111	Calculi of Urinary System	M	4	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
A112	Hyperplasia of Prostate	M	12	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	3	2	2	-	
A114	Other diseases of Genito Urinary system	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
		F	4	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	1	-	

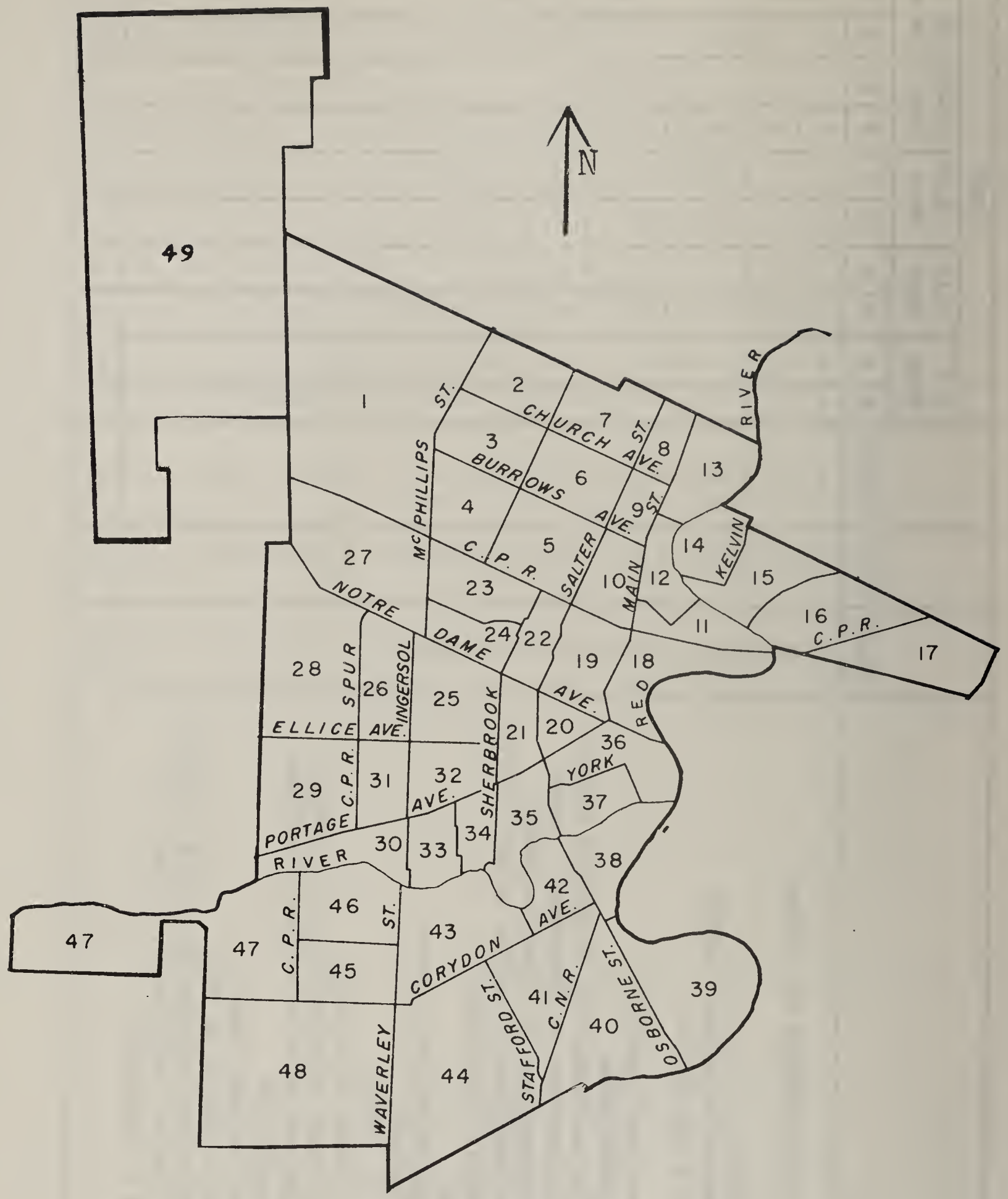
Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)	Sex	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	
XI	Deliveries and Complications of Pregnancy, Childbirth and the Puerperium	T	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XII & XIII.	Diseases of the Skin and Musculoskeletal System	T	8	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1	1	-	3	-	-	-	
		M	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	-	
		F	5	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	2	-	-	-	
A121	Infections of skin and subcutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A122	Arthritis and spondylitis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	
		F	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	
A126	All other diseases of skin and musculoskeletal system	M	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	
		F	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	
XIV	Congenital Malformations	T	24	12	5	3	-	1	-	-	-	1	-	-	1	-	-	-	1	-	-	-	-	-	
		M	11	5	2	2	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
		F	13	7	3	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
A127	Spina bifida and meningocele	M	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A128	Congenital malformations of circulatory system	M	6	1	2	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
		F	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
A129	All other congenital malformations	M	3	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
		F	9	5	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	Certain Diseases of Early Infancy	T	42	40	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		M	32	31	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	10	9	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A130	Birth Injuries	M	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)	Sex	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	
XV	Cont.																								
A131	Postnatal asphyxia and atelectasis	M	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A132	Infections of the newborn	M	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A134	All other defined diseases of early infancy	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A135	Ill defined diseases peculiar to early infancy and immaturity unqualified	M	17	16	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVI	Symptoms, Senility and Ill defined conditions	T	13	-	1	-	-	-	-	-	-	-	-	1	-	-	1	1	-	2	1	2	4	-	
		M	7	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	2	-	
		F	6	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	1	2	-	
A136	Senility without mention of psychosis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
		F	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
A137	Ill defined and unknown causes	M	6	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	1	-	
		F	4	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	-	1	-	
XVII	Accidents, Poisonings and Violence	T	174	2	13	5	2	2	7	14	6	7	9	6	9	7	6	10	12	11	12	17	13	4	
		M	115	1	8	3	2	2	7	10	3	5	5	4	8	5	3	7	11	8	5	11	6	1	
		F	59	1	5	2	-	-	-	4	3	2	4	2	1	2	3	3	1	3	7	6	7	3	
AE138	Motor Vehicle accidents	M	28	-	-	1	2	-	4	5	2	-	-	1	1	1	2	2	2	1	1	3	-	-	
		F	11	-	-	-	-	-	-	1	2	1	-	1	-	-	-	1	-	-	2	1	1	1	
AE139	Other transport accidents	M	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE140	Accidental Poisoning	M	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		F	5	-	-	-	-	-	-	1	-	-	1	1	-	1	-	1	-	-	-	-	-	-	
AE141	Accidental Falls	M	25	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	5	4	2	5	5	1	
		F	21	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2	5	5	5	2	

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)	Sex	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	
XVII	Cont.																								
AE143	Accident caused by fire and explosion of combustible material	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	
		F	3	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	-	
AE146	Accidental drowning and submersion	M	5	-	-	-	-	-	2	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE147	All other accidental causes	M	27	1	8	-	-	2	-	-	-	2	1	2	1	1	-	2	1	3	1	1	1	-	
		F	11	1	5	2	-	-	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	
AE148	Suicide	M	23	-	-	-	-	-	1	3	1	2	3	-	4	3	-	1	3	-	1	1	-	-	
		F	7	-	-	-	-	-	-	-	1	-	2	-	-	-	2	-	1	1	-	-	-	-	
AE149	Homicide and injury purposely inflicted by other persons (not in war)	M	3	-	-	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

INFANT DEATHS, WINNIPEG RESIDENTS - BY CAUSE, SEX AND AGE 1966

Code No.	Cause of Death	Total	Male	Female	AGE									
					0-6 Days		7-13 Days		14-20 Days		21-27 Days		28 + Days	
					M	F	M	F	M	F	M	F	M	F
053.4	Septicaemia	1	1	-	-	-	-	-	-	-	-	-	1	-
096.9	Other diseases attributable to viruses	1	-	1	-	-	-	-	-	-	-	-	-	1
289.0	Lipidosis	1	-	1	-	-	-	-	-	-	-	-	-	1
325	Mental deficiency	2	2	-	-	-	-	-	-	-	-	-	2	-
570	Intestinal obstruction without hernia	1	-	1	-	-	-	-	-	-	-	-	-	1
571	Gastro-enteritis and colitis	1	1	-	-	-	-	-	-	-	-	-	1	-
750	Monstrosity	1	-	1	-	1	-	-	-	-	-	-	-	-
751	Spina bifida and meningocele	2	2	-	-	-	1	-	1	-	-	-	-	-
752	Congenital hydrocephalus	2	-	2	-	-	-	-	-	-	-	-	-	2
753	Other congenital malformations of nervous system	1	1	-	1	-	-	-	-	-	-	-	-	-
754	Congenital malformations of circulatory system	5	3	2	-	1	1	-	-	1	-	-	2	-
756	Congenital malformations of digestive system	1	-	1	-	-	-	-	-	-	-	-	-	1
757	Congenital malformations of genito urinary system	1	1	-	1	-	-	-	-	-	-	-	-	-
759	All other congenital malformations	4	-	4	-	4	-	-	-	-	-	-	-	-
760-761	Birth Injuries	7	6	1	6	1	-	-	-	-	-	-	-	-
762	Postnatal asphyxia and atelectasis	6	4	2	4	2	-	-	-	-	-	-	-	-
763	Pneumonia of newborn	4	4	-	2	-	2	-	-	-	-	-	-	-
768	Other sepsis of newborn	1	1	-	-	-	-	-	-	-	1	-	-	-
771	Haemorrhagic disease of newborn	1	-	1	-	1	-	-	-	-	-	-	-	-
773	Ill-defined diseases peculiar to early infancy	15	11	4	10	4	-	-	-	-	-	-	1	-
774	Immaturity with mention of subsidiary condition	1	1	-	1	-	-	-	-	-	-	-	-	-
776	Immaturity unqualified	6	5	1	5	1	-	-	-	-	-	-	-	-
795	Ill-defined and unknown cause	1	1	-	-	-	-	-	-	-	-	-	1	-
921	Inhalation and ingestion of food	6	4	2	-	-	-	-	-	-	-	-	4	2
924	Accidental mechanical suffocation in bed or cradle	1	-	1	-	-	-	-	-	-	-	-	-	1
925	Accidental mechanical suffocation in other and unspecified circumstances	8	5	3	-	-	1	1	-	-	-	-	4	2
	Total	81	53	28	30	15	5	1	1	1	1	-	16	11



City of Winnipeg - Statistical Districts

DEATH, BIRTHS, INFANT DEATHS, STILLBIRTHS BY STATISTICAL DISTRICTS WITH RATES AS SHOWN - WINNIPEG RESIDENTS 1966

DISTRICT	POPULATION**	DEATHS*		BIRTHS*		INFANT DEATHS		STILLBIRTHS	
		No.	Rate	No.	Rate	No.	Rate per 1000 L.B.	No.	Rate per 1000 L.B.
1	6,972	49	7.0	146	20.9	3	20.5	4	27.4
2	4,291	24	5.6	47	11.0	1	21.3	-	-
3	7,399	57	7.7	90	12.2	2	22.2	1	11.1
4	3,495	41	11.7	49	14.0	2	40.8	2	40.8
5	8,904	70	7.9	184	20.1	4	21.7	1	5.4
6	9,200	89	9.7	181	19.7	3	16.6	1	5.5
7	6,466	75	11.6	94	14.5	3	31.9	1	10.6
8	3,262	38	11.6	75	23.0	-	-	4	53.3
9	4,218	41	9.7	105	24.9	1	9.5	1	9.5
10	5,796	58	10.0	58	10.0	-	-	-	-
11	1,688	30	17.8	32	19.0	3	93.8	-	-
12	3,857	49	12.7	62	16.1	1	16.1	-	-
13	5,364	63	11.7	77	14.4	1	13.0	2	26.0
14	3,216	30	9.3	65	20.2	2	30.8	-	-
15	4,788	50	10.4	80	16.7	3	37.5	2	25.0
16	6,088	51	8.4	116	19.1	1	8.6	-	-
17	4,714	21	4.5	92	19.5	3	32.6	2	21.7
18	1,554	37	23.8	14	9.0	-	-	-	-
19	5,927	116	19.6	126	21.3	1	7.9	1	7.9
20	3,925	83	21.1	74	18.9	1	13.5	2	27.0
21	7,490	82	10.9	199	26.6	3	15.1	5	25.1
22	4,576	50	10.9	140	30.6	2	14.3	5	35.7
23	2,145	22	10.3	46	21.4	3	65.2	1	21.7
24	4,215	24	5.7	74	17.6	-	-	-	-
25	13,147	137	10.4	286	21.8	5	17.5	3	10.5
26	4,496	46	10.2	52	11.6	-	-	1	19.2
27	8,495	52	6.1	136	16.0	1	7.4	3	22.1
28	3,154	28	8.9	29	9.2	-	-	-	-
29	4,117	38	9.2	64	15.5	1	15.6	1	15.6
30	4,242	50	11.8	81	19.1	2	24.7	2	24.7
31	3,651	35	9.6	45	12.3	-	-	1	22.2
32	8,308	78	9.4	174	20.9	3	17.2	2	11.5
33	5,981	45	7.5	149	24.9	-	-	4	26.8
34	4,613	53	11.5	83	18.0	3	36.1	-	-
35	8,664	128	14.8	149	17.2	2	13.4	3	20.1
36	1,576	30	19.0	15	9.5	2	133.3	1	66.7
37	4,447	65	14.6	48	10.8	2	41.7	1	20.9
38	5,669	63	11.1	110	19.4	-	-	1	9.1
39	5,863	54	9.2	61	10.4	2	32.8	2	32.8
40	7,651	62	8.1	130	17.0	4	30.8	2	15.4
41	8,189	67	8.2	130	15.9	2	15.4	-	-
42	4,459	59	13.2	98	22.0	2	20.4	-	-
43	7,595	85	11.2	121	15.9	1	8.3	3	24.8
44	7,786	48	6.2	76	9.8	-	-	2	26.3
45	3,819	30	7.9	36	9.4	-	-	-	-
46	3,967	41	10.3	43	10.8	-	-	-	-
47	4,505	38	8.4	43	9.5	-	-	1	23.3
48	11,485	77	6.7	212	18.5	5	23.6	4	18.9
49	450	5	11.1	6	13.3	1	166.7	-	-
Unknown	-	2	-	1	-	-	-	-	-
TOTAL		2,666	10.5	4,604	18.1	81	17.6	72	15.6

** Population according to Dominion Bureau of Statistics - 1961 Census

* Rate per 1,000 population.

INFECTIOUS AND OTHER DISEASES

The control of communicable disease has constituted in the past one of the principal functions of the Health Department. In fact, the necessity of government efforts to curtail the spread of communicable disease led to the creation of such departments.

In recent years, due to an overall improvement in sanitation, general medical progress, and technical advances in medicine and related sciences, infectious diseases that were rampant at one time have spectacularly declined in the civilized and industrialized countries of the world; this constituted one of the triumphs of public health. It was noted, however, that as a result of these achievements the premature impression was recently created that these diseases were permanently and irreversibly conquered. Public funds and interest for combat of these diseases have, as a result, declined and on many occasions therefore regression in these illnesses has stopped. Infectious disease is still a common cause of death and disability. Whereas it is true that many bacterial diseases have not become epidemic in recent years, viral diseases (for which no antibiotics or chemotherapeutic agents are yet available) remain a potential threat to the community. Sources of information regarding the incidence of infectious disease are:

(a) Official notifications from doctors, nurses, and laboratories.
(b) Unofficial notifications from interested agencies, individuals, news media, or paramedical personnel.
(c) Regular weekly reports from public health nurses in city schools; these originate in inventory work carried out by the nurses in these schools during the year and reported to the Health Department administration indicating disease trends in their areas.

Thus, an estimate of the prevalence of infectious disease at any one time can be formed.

In recent years the study of chronic disease and other syndromes has attracted the interest of health departments; this lies outside the traditional sphere of infectious disease. In many instances the investigation and study of such illnesses has exceeded in terms of time and money the amount of effort spent in the combat of infectious disease. This cannot be said to be applicable as yet in our Department but our increasing interest and involvement along these lines constitutes a step in the right direction. For example, we are devoting considerably more time and effort in the control of industrial and occupational illnesses. At the time this report is being written the duties of a health inspector have been modified to allow full-time work in that field. Also the Deputy Medical Health Officer is spending more of his time in that work.

During 1966 a highly specialized epidemiologist has been appointed by the University of Manitoba to conduct research work in the field of preventive medicine. This work is closely connected with the activities of the City Health Department and it is with great pleasure that we have extended our fullest cooperation and support to these projects which have provided us with a long needed research stimulus.

Comments on particular diseases

Impetigo and ringworm have again been the commonest skin infections in City schools and caused substantial absenteeism. Infectious hepatitis incidence declined from 110 cases in 1965 to 75 cases in 1966. This is in accordance with a continent-wide decline. Surely cyclic events will lead to another rise in a few years unless the virus is cultured and an effective vaccine is produced, as was possible in the case of polio of which we only had one case this year to break a five-year polio-free period. This case occurred in a partially-immunized individual who apparently sustained his infection while travelling to South America. Almost complete recovery ensued in that case. We had only two cases of diphtheria and some carriers of this disease were also discovered. No deaths occurred. The majority of the carriers were non-immunized individuals.

The notable drop in unspecified dysentery from 171 cases in 1965 to ten was in our opinion entirely coincidental; the doctors are simply not reporting severe diarrhoeas where no organisms can be isolated.

Some of our greatest problems have been, as in the past, our difficulty in convincing certain groups of people to have their children immunized regularly. This is difficult to do when the diseases in question have been forgotten. Besides two deaths from infectious hepatitis (one of which was equivocally due to this disease) four deaths from pulmonary tuberculosis and one death from whooping cough in an infant, there were no other fatalities from infectious disease in Winnipeg in 1966. The year 1966 was essentially a healthy one for the citizens of this City; no major outbreaks of any serious infection have occurred and the sum total of all notifiable cases has reached an all-time low, 225 cases. Venereal disease is not included as its control remains a provincial responsibility and was conducted by the Provincial Department of Health.

Room for further improvement always exists. As previously mentioned the culturing of a hepatitis virus may permit the development of an effective vaccine. We can also aim at the complete eradication of diseases such as tuberculosis and V.D. Protection against measles is now possible and it is anticipated that the present measles vaccine will be made available free of charge to physicians in the near future. The full benefits will, of course, show in a few years when all susceptible children have been immunized. Complete eradication of the aforementioned diseases will, however, take more time, work and money.

Finally, we should be prepared to adopt new measures and methods to fight some of our other problems which constitute the modern scourges of humanity, namely heart disease, alcoholism, mental illness, juvenile delinquency, industrial and occupational illnesses. A solution to all these difficulties is not immediately forthcoming but the challenge is great and it is hoped that public health will emerge triumphant as it did in the past with infectious disease.

During 1966 this Department has given a medical examination to approximately 600 civic employees and welfare recipients for various reasons. We have also paid numerous domiciliary visits to Winnipeg citizens for physical or psychiatric medical emergencies. We have also conducted correspondence with physicians and hospitals to obtain or clarify essential information needed by nurses, social workers, and others in the paramedical field.

TABLE OF REPORTABLE INFECTIOUS DISEASES

CASES AND DEATHS REPORTED	1966 CASES	1966 DEATHS	1965 CASES	1965 DEATHS
Diarrhoea of the New Born	-	-	8	-
Diphtheria	2	-	4	-
Diphtheria Carriers	7	-	1	-
Dysentery, Amoebic	-	-	-	-
Dysentery, Bacillary	24	-	26	-
Dysentery, Unspecified	10	-	171	-
Encephalitis, Infectious	-	-	-	-
Hepatitis, Infectious	75	2	110	2
Meningitis, (Meningococcal)	2	-	1	-
Meningitis, (Viral or Aseptic)	5	-	11	-
Poliomyelitis	1	-	-	-
Scarlet Fever	18	-	25	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	61	4	60	5
Typhoid Fever & Paratyphoid Fever	-	-	2	-
Typhoid Fever Carriers	-	-	1	-
Undulant Fever	2	-	1	-
Whooping Cough	12	1	9	-
	219	7	430	7

MEDICAL RELIEF AND OTHER SERVICES

Patients visited by District Physicians	1,437
Glasses supplied to school children	1,101
Persons receiving Insulin (monthly average)	102
Persons receiving Liver Extract (monthly average)	1
Persons receiving Prophylactic Penicillin (monthly average)	322

(Persons with a history of rheumatic fever receive a daily dose of penicillin as a preventive measure against recurrence of the disease. The Health Department supplies this where indicated.)

COMPLETED IMMUNIZATIONS AND VACCINATIONS

	Under 1 Year	1 Year	2 - 5 Years	6 - 16 Years	Over 16 Years	Total
Completed Primary Immunizations for:						
Diphtheria	121	280	342	28	-	771
Pertussis	111	265	256	9	-	641
Tetanus	121	279	342	28	-	770
Poliomyelitis	105	262	294	25	1	677
Completed Reinforcing Immunizations for:						
Diphtheria	4	38	734	8,563	3	9,342
Tetanus	4	37	733	8,560	3	9,337
Poliomyelitis	5	36	641	8,645	8	9,335
Primary Smallpox Vaccinations	282	171	219	49	16	737
TOTAL IMMUNIZED	753	1,358	3,561	25,907	31	31,610

TUBERCULOSIS CONTROL

During 1966 there were eight deaths from tuberculosis in Winnipeg. In some of these cases, other disease causes were also in operation and, in reality, fewer than eight cases died directly as a result of active pulmonary tuberculosis. This is certainly a quite satisfactory state of affairs in comparison to only a few decades ago, when tuberculosis was ravaging, even in North America. More work is certainly needed for many more years to eradicate the disease but Public Health hopes that this goal can be achieved.

The following table illustrates the number of deaths from tuberculosis and the rates per 100,000 population in certain selected years since 1910, and is presented here for comparative purposes:

Deaths from Tuberculosis for Certain Years with Rates per 100,000 Population
Winnipeg Residents
(City Population 254,000 in 1966)

Year	Number	Rate per 100,000
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7
1963	12	4.7
1964	10	3.9
1965	5	2.0
1966	8	2.0

Six of these cases were in people sixty or over, four were over sixty-five and two were over seventy-five years of age. This illustrates the point that tuberculosis deaths today in North America are mainly claiming the lives of the elderly.

New Active Cases of Tuberculosis

There were sixty-seven new cases of tuberculosis in 1966, a figure essentially unchanged from last year (when there were sixty-four) and exactly the same figure as in 1964.

Only a relatively small number of these new cases were found in mass surveys. In the past, such population-screening procedures, were more rewarding as case-finding tools. Today, the main source of new cases is individual medical attention to patients, (by physician, hospital or clinic) and also investigation of contacts of a newly discovered patient. Diagnostic chest x-rays are used nowadays to a considerably greater extent than in the past; many of these are ordered routinely, for example, on admission to hospital. The increased awareness of tuberculosis among the medical profession also leads to an increased ordering of the necessary diagnostic tests, of which x-ray is a part. This practice resulted in the limiting of missing the diagnosis and virtually all those under medical supervision are effectively discovered. This leaves us with a number of

individuals, usually elderly and living alone, who perhaps harbour the disease, yet little chance exists for its discovery because they seldom seek medical attention. These so-called "marginal men" are the very same that mass surveys miss because they do not come out to take advantage of the screening procedure. They pose many health problems to the community, of which tuberculosis is only a minor part because they are often suffering from many other serious health and mental problems. The health needs of these people, how they could be reached and helped, remains a challenge for public health and social welfare agencies. Fewer cases will remain unnoticed in the future if all these inaccessible individuals are found and health services given to them.

New Cases of Tuberculosis with Rates per 100,000 Population for Winnipeg 1959-1966

Year	New Cases	Rate per 100,000 Population	Found on Surveys
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.4	3
1962	65	25.3	4
1963	74	28.8	6
1964	67	26.2	4
1965	64	25.1	1
1966	67	26.4	4

Tuberculosis New Active Cases and Reactivations by Age Groups 1966

Age Group	New	Reactivations
0 - 4	4	-
5 - 14	2	-
15 - 24	16	-
25 - 39	12	1
40 - 59	20	7
60 - 79	10	2
80 and over	3	-
	67	10

The majority of new cases usually belong to the adult and older age groups. This past year quite a few were found in the young as well, (mainly adolescents and young adults). Only six cases, however, were found below the age of fourteen years, which is considerably less than the sixteen cases found in 1965 in this age group. During the year only thirteen new inactive cases were added to our files for follow-up. These people do not have active disease at the present time and either represent newcomers into the City of Winnipeg, or were discovered at a stage when the disease had already been quiescent.

In 1966 there were ten cases of reactivation of tuberculosis on the list of those already known to our department of having had the disease in the past. If one ever had tuberculosis before he is at a much greater risk of developing active disease again than one who never had it

in the past. Hence, the importance of following very closely all those in the tuberculosis registry and ensuring that medical check-ups are performed at desired intervals. If a recurrence was in the process of developing it will be, hopefully, discovered at an early stage and treated promptly to prevent further lung damage or spread to others.

The low recurrence rate certainly reflects the excellent work of our Public Health Nurses in following these people and ensuring that the medical examinations are carried out when ordered by the doctor in charge of the case. This is not the easiest job in the world to do and tremendous difficulties arise because human nature is inclined to neglect and complacency when one is not acutely ill and has been disease-free for some years. Unresponsive or uncooperative ex-patients require repeated visits by the nurse for persuasion to attend to their overdue medical check-ups; failing this, registered letters, visiting by a health inspector or a doctor are used and most delinquents are eventually effectively examined.

How New Active Cases and Reactivations were Discovered

	New		Reactivations
General Hospital	38		1
Private Physicians	7		1
Community Surveys	5		-
Chest Clinics	16	(11 were contacts of active cases)	7
Vital Statistics	1		1
Total	67		10

Hospitals, chest clinics and private doctors are the main sources of discovery of new cases. Note that eleven of the sixteen cases listed under "chest clinics" for new cases, were, in fact, contacts of known active cases.

Classification of New and Reactivated Cases for 1966

	New Cases	Reactivations
PULMONARY -		
Primary	6	1
Minimal	17	-
Moderately Advanced	9	-
Far Advanced	17	6
Unclassified	-	-
Total	49	7

Note that not all of the pulmonary cases are "minimal" at the time of discovery.

		New Cases	Reactivations
EXTRA PULMONARY-			
	Pleurisy	8 (act.)	-
	Glandular	1 "	2
	Renal & Genital	5 "	-
	Bone	2 "	1
	Meningeal	-	-
	Miliary	2 "	-
	Peritonitis	-	-
	Other	-	-
	Total	18	3
Pulmonary		49	7
	Total	67	10

Tuberculin Tests in Winnipeg in 1966

The total number of tests done during the 1966 surveys was 6,902, as compared with 20,422 in 1965. Three active cases were found.

	Tests	Tests Read	Positive	Negative
Schools	1,754	1,707	38	1,669
%	-	97.3	2.2	97.8
Colleges	1,852	(Not available)	(Not available)	1,656
%	-	-	-	-
Industrial	3,296	1,421	540	881
%	-	43.1	38.0	62.0
TOTAL	6,902	3,128 (plus Colleges)	578 (plus Colleges)	4,206

2.2% of tuberculin tests were positive in the schools among students examined.
38.0% were positive among industrial workers.
Positive reactors were subsequently submitted to an x-ray examination.

X-ray Surveys in Winnipeg in 1966

	Number	New Active Cases
Industrial and Red River Exhibition	2,083	
Schools and Colleges	1,341	
National Employment Service (Canada Manpower Centre)	6,869	1 - F.A.T.B. active
Central Tuberculosis Clinic Survey Unit	2,335	1 - F.A.T.B. active
Survey of Nursing Homes	3,083	1 - F.A.T.B. active, bac.
TOTAL	15,711	3

Discharges from Sanatorium in 1966

Cases admitted in 1965	-	Discharged in 1966	-	13
Cases admitted in 1966	-	Discharged in 1966	-	44
		Discharged	39	
		Left against advice	- 3	
		Died	- 2	
			44	
TOTAL Discharges from Sanatorium in 1966			-	57

Period of Stay in Sanatorium

0-1 mo.	1-2 mos.	2-3 mos.	3-4 mos.	4-5 mos.	5-6 mos.	Over 6 mos.
6	11	14	7	4	9	6

Note that the majority of new cases stay in the hospital for less than four months.

1966 Chest X-ray

Schools

Kinsmen	82
Sisler	193
	275

Colleges

United College	479
Manitoba Law School	57
Medical College	530
	1,066
TOTAL -	6,507
GRAND TOTAL -	15,711

Industrial

Winnipeg Post Office	286
Hudson's Bay	414
Sterling Cloak	161
Man. Telephone System	507
Winnipeg Free Press	469
	1,837

Survey

Nursing Homes	3,083
Red River Exhibition	246
	3,329

TUBERCULOSIS CASES REGISTER SUMMARY
For one-year period ending January 31, 1967

Case Load during 1966

Tuberculosis cases in current file at beginning of period		1,118*
Tuberculosis cases added to register during period		
1. Newly reported cases:		
New active cases - 67		
New inactive cases - 13		
	80	
2. Cases returned to current file from closed file (includes clinically reactivated cases)	10	
3. Transferred to Winnipeg (from Central Registry)	63	
		153
Total tuberculosis cases in Registry during period		1,271
Cases transferred to closed file during period		
1. Tuberculosis deaths	8	
2. Non-tuberculous deaths	15	
3. Inactive	334	
4. Diagnosis changed to non-tuberculous	4	
5. Lost - unable to locate	67	
6. Moved out of city	114	
		542
Tuberculosis cases in current file at end of period (included non-pulmonary cases)		729

* This figure represents the approximate number of cases in current file at beginning of year, 1966.

SUMMARY

During 1966, we had eight deaths from tuberculosis in the City of Winnipeg, sixty-seven new active cases and ten reactivations.

Our most important contribution in the tuberculosis control field has been the investigation of new cases and ensuring an adequate follow-up of almost 1,000 patients listed in our files as having had the disease in the past. Supervision of treatment at home has also become a prime concern of public health. This responsibility has increased as more tuberculosis patients are now being treated with chemotherapy on an out-patient basis.

Our greatest difficulty remains our inability to convince all ex-patients that a regular follow-up is necessary; whatever methods of

persuasion are to be used, 100% success cannot be achieved but we are trying to ensure follow-up in as many cases as is humanly possible.

Our department extends its thanks and appreciation to the Sanatorium Board of Manitoba, without the basic work and help of which no tuberculosis fighting program would be possible. The clinical and public health measures can only be effective if they are supplementing each other, and cooperation between these two bodies was excellent in 1966, as it has always been in the past. We also wish to thank all those who assisted our work during the year, especially the public health nurses and our health inspectors, who spared no efforts to ensure first quality performance.

CHILD DENTAL SERVICES

The City of Winnipeg Child Dental Services Programme actively engages in the following health measures:

(1) Dental Health Education
(2) Studies of the Local Dental Health Problems
(3) Utilization of Public Health Measures
(4) Dental Treatment

1. Dental Health Education:

In all fields of education as in dental health the most important step is to (a) create an interest, (b) motivate people to action, and (c) attempt to maintain improvements on a sustaining basis. Our programme places major emphasis on the primary school children up to the Grade III level, and their parents. This is accomplished through our annual classroom dental inspections, parent notifications and talks by dentists with demonstrations in the classrooms.

Co-operation by the public health nurses, the personnel of the City of Winnipeg School Division No. 1, and the dental profession has indeed enhanced and produced a well balanced programme.

Free Dental Health Education material and teaching aids are made available to all nurses, principals, teachers, parents, and pupils in order to create an interest with a resultant positive action towards improving the dental health of their community.

The supplementary dental health programme was continued during the 1966-67 school term. The material was generously supplied by one of the large commercial companies who are active in the dental health field. Posters, pamphlets, and teaching outlines were again distributed to all classrooms. Every grade one child received a coloring book aimed at dental health education, and each grade three pupil a dental instruction kit (toothpaste and toothbrush). This supplementary programme is being very well received.

Dental inspections are another positive approach in an education programme. Interest and action can be obtained through notifications sent to the parent on their child's dental health and a request for information on the family's arrangement for providing dental services.

In addition to the advisory services provided through the treatment clinics, the Director acted as a consultant to the Winnipeg General Hospital Welfare Dental Clinic, Mount Carmel Clinic, and the Winnipeg School Board.

The annual in-service training programme for the staff members was held on the first school day in September. The agenda included conferences on policy, organization, administration and techniques.

2. Studies of the Local Dental Health Problems

Information collected through annual classroom inspections by the dental branch indicates a definite trend has developed toward an improvement in the oral health of the child population in Winnipeg.

Provision of comprehensive dental treatment for a select group (Social Welfare and Indigent children) by the dental branch seems to be effective in encouraging utilization of this service. Regular maintenance care through recall examinations and treatment planning spreads dental manpower hours over a larger group of children. Failure rates are kept to a minimum. The table below indicates that welfare recipients are seeking and co-operating in providing dental treatment for their children.

Welfare Children on Active Files

1959	345
1960	659
1961	852
1962	877
1963	1,328
1964	1,576
1965	1,925
1966	1,753

Dental supervision is available for pre-school children.

3. Utilization of Public Health Measures

A. Classroom Dental Inspection Analysis

Table I is a compilation of data collected during the school terms 1959-60 to 1965-66. Comparing the terms 1959-60 to 1965-66 favourable progress can be observed in the decreased percentage of children with caries, Kindergarten 77% to 50%; Grade I 84% to 53%; Grade II 88% to 55%. On analysis of the caries free columns for the 1965-66 term. (Kindergarten 50%; Grade I 47%; Grade II 45%; Grade III 44%) about 46% of the children inspected were in a preferred state of being caries free, as compared to 17% in the school term 1959-60. This increase must of necessity be mostly attributable to the benefits of fluoridation which was instituted in Winnipeg in the year 1957. It is interesting to note the progress in the percentage of children in the caries immune and dentistry completed columns. Of the children examined 13% are approved for treatment at the clinics and is significant in projecting the requirements if this service is to be extended into higher grades.

B. D.M.F.T. (Decayed, Missing, Filled Teeth-Permanent) "Specials"

Table II is a compilation of data on a sample of children born and raised in the Metro area of Winnipeg. Information was collected during regular school inspection visits, subjects selected on the basis of every tenth child according to the alphabetical listing of children in the school index card register. The age 7 group of children for the year 1966 show reduction in the D.M.F.T. rate of 66%. The average D.M.F.T. decrease in all groups (7, 9, 11, and 13) from 1958 to 1966 is about 50%. Fluoridation, education and readily available dental care may be cited as the chief factors for this marked improvement.

Table III is a breakdown of data from 1958-66 compiled on the samples of the seven year old children born and raised in Metropolitan Winnipeg. During the past three years the average has been more than a 63% reduction in the incidence of affected teeth from the 1958 figure.

4. Dental Treatment

(A) Dental Clinics

Dental treatment is provided at the following school clinics:-

(1) 136 Ellen Street - 2 chairs (Emergency Clinic)

(2) William Whyte School - 2 chairs

(3) King Edward School # 2 - 2 chairs

(4) John M. King School - 2 chairs

Dental clinics are located in strategic areas of the school system in order to conveniently provide for the bulk of eligible patients. Emergency treatment for all school children (no economic or age barrier) is provided at our Ellen Street Clinic at any time during the school hours.

Comprehensive dental treatment with some minor orthodontia is arranged for children whose families are on City of Winnipeg Welfare and resident children in Grade III and under, including pre-school children, whose families require economic assistance. Application for this service is subject to the approval of the public health nurse at the school or in the area of residency. A new dental unit and chair were installed during the year in the Ellen Street Clinic with funds made available through a National Health Grant.

B. Treatment

In 1966, 6,779 children were treated during the course of 16,992 patient visits to the clinics. Patients completed and provided with maintenance dental care to the extent of facilities available totalled 3,762 or 55%. 13,134 individual teeth were attended and of these 2,974 teeth were removed and 10,160 teeth were restored to healthy functioning units. Three quarters of the patients accepted on an emergency treatment basis were 8 years of age and over and would account for a majority of tooth extractions. Preventive and conservative dental procedures are emphasized in the management of child patients.

C. Recall Systems

Further dental treatment coverage is extended to a large group of children from co-operative and interested families through a periodic recall system. Regular maintenance care has resulted in an increase in the number of children receiving benefits over a longer period of time. There were 6,255 patients recalled, and of these 2,339 or 37% were returned to optimum dental health on their first appointment.

Failed appointments are of major concern and precautions are taken to eliminate many of the causative factors. In 1966 out of 20,020 assigned appointments, 1,460 or 7.2% had failed (5.92% in 1965). Two hundred and sixteen (216) of these failed appointments were new patients after having requested assistance and been approved by the public health nurse. The advantage of having clinics located in select schools permits replacement from within the school to fill the allotted time, thus reducing lost dental manpower hours to a minimum.

One thousand, four hundred and twenty-six patients cancelled (7.12%) and arranged another suitable time. Courtesy of advising the clinics in advance of inability to keep an appointment suggests that the treatment service is appreciated by this clientele.

Table IV is a summary of the dental treatment groups by ages and Table V is an analysis of dental treatment services provided by the Health Department to school children for the year 1966.

Handicapped Children

Provision of dental treatment for mentally retarded children attending a special school in the City was continued throughout 1966. Arrangements were made again to transport the eligibile students to one of the regular dental treatment centres. In the majority of cases a mentally retarded child can be treated using normal dental procedures and techniques. The chief problem is providing ways and means for families who have the burden of raising a handicapped child to obtain dental service for the child, followed by a programme to motivate the parents to take action in improving the child's dental health.

Adult Dental Services

The Winnipeg General Hospital Welfare Dental Clinic continued its operation throughout the year under the combined guidance of the Dental Branch, plus the University of Manitoba Dental College. The need for this type of clinic may be seen in the waiting list of patients accumulated during the year. The clinic is located in the Out-Patients Department and is in operation only in the afternoon. The programme which is available for adult welfare and medico-dental indigents in Manitoba includes preventive, interceptive and restorative dentistry to interested and co-operative patients. The clinic is financed by the Manitoba Hospital Commission. Resident patients of the City of Winnipeg are provided with appliances (dentures, partials, etc.) by the Health Department where indicated.

Staff

The Dental Branch includes a director, plus a professional establishment equivalent to six full time dentists. Three dentists (including the Director) were retained on full time staff and fourteen (14) dentists were employed on a sessional fee part-time basis. The auxiliary staff includes eight dental assistants and one clerk. The number of patients now being seen by our clinics would definitely necessitate the hiring of a dental hygienist, thus releasing the dentist for work more suitable to his capabilities. The position has been created but as yet the funds are not readily available.

Table I

Class Room Dental Inspection information compiled by the City of Winnipeg Health Department on the general child population attending Kindergarten, Grade I, II and III in the Winnipeg School Division No. 1. Permanent and Deciduous Dentition.

	School Term	Total Inspect.	Percentage of Children										
			Caries		Dentistry		Extrac-		Attend	Applied	Request	Approv-	Nil
			Imm.	Free	Completed	Caries	tions	Filled	Dentist	Dentistry	Dentistry	ed	Int.
Kindergarten	1959-1960	3,322	14	23	9	77	15	27	59	37	13	10	12
	1960-1961	3,026	18	34	16	66	13	28	47	36	12	11	11
	1961-1962	2,816	26	39	13	61	10	28	47	34	14	12	12
	1962-1963	3,539	31	45	14	55	8	24	38	30	14	11	12
	1963-1964	3,492	30	44	14	56	9	26	45	31	14	12	17
	1964-1965	3,581	28	43	15	57	11	28	48	33	14	12	18
	1965-1966	3,643	34	50	16	50	9	26	59	30	23	13	17
Grade I	1959-1960	4,381	6	16	10	84	28	40	72	57	25	21	8
	1960-1961	4,686	9	25	16	57	27	40	64	55	21	20	8
	1961-1962	4,601	12	31	19	69	23	43	64	52	23	20	9
	1962-1963	4,555	16	37	21	63	23	40	63	51	21	19	9
	1963-1964	4,609	18	38	20	62	21	33	60	47	21	19	16
	1964-1965	4,668	18	36	18	63	22	39	63	49	22	20	14
	1965-1966	4,485	24	47	23	53	20	40	68	34	23	15	9
Grade II	1959-1960	4,054	3	12	9	88	43	49	-	70	-	-	-
	1960-1961	3,916	6	25	19	75	39	53	-	70	-	-	-
	1961-1962	3,819	7	28	21	72	37	55	-	72	-	-	-
	1962-1963	3,958	10	37	27	63	36	55	-	70	-	-	-
	1963-1964	3,714	11	36	25	64	33	54	76	58	22	20	13
	1964-1965	3,955	11	34	23	66	33	54	74	67	24	17	17
	1965-1966	3,828	16	45	29	55	30	54	73	62	18	12	8
Gr. III	1964-1965	3,635	8	34	26	66	39	62	80	74	22	19	17
	1965-1966	3,470	10	44	34	56	36	62	75	70	15	12	8

Definition of Terms: -

- Caries Immune - (natural or acquired) - No visible evidence of caries in the deciduous or permanent teeth, x-rays not used.
- Caries Free - Includes caries immune plus children whose dentistry has been completed by a dentist.
- Dentistry Completed - Children who attended a dentist and were in optium dental health at time of dental inspection.
- Caries, premature extraction, filled - % of children with these conditions.
- Attend Dentist - As indicated by presence of extraction, or filling or reported by parent on questionnaire regardless of evidence. Does not include caries immune - some of these children may have regular dental examination.
- Applied Dentistry - As indicated by the presence of a filling or premature extraction or both.
- Nil Interest - Questionnaires not returned by parent.

Table II

School Dental Examinations of Children born in Metropolitan Winnipeg showing age, number examined and the average number of decayed, missing and filled teeth per child.

Year	Age 7		Age 9		Age 11		Age 13	
	Number Exam.	D.M.F.T. per child	Number Exam	D.M.F.T. per child	Number Exam	D.M.F.T. per child	Number Exam	D.M. F.T. per child
1958	106	2.1	80	3.8	99	5.2	81	8.3
1960	81	1.5	109	3.1	110	4.5	110	7.9
1961	221	1.4	192	2.7	174	4.3	44	6.0
1962	278	1.0	236	2.6	233	3.9	71	5.5
1963	243	.8	229	2.4	217	3.4	87	5.8
1964	238	1.0	276	2.3	214	3.4	57	4.5
1965	190	.6	180	1.7	153	2.9	50	4.5
1966	183	.7	178	2.1	200	3.0	53	4.6

1958, 1960 single examiner, selected schools (high, medium & low income)
1961 5 examiners, random sample
1962 6 examiners, random sample
1963 8 examiners, random sample
1964 10 examiners, random sample
1965 8 examiners, random sample
1966 7 examiners, random sample

Table III

A sample of seven-year-old children born and raised in Metro Winnipeg showing premature lost, destroyed crowns, caries and restored permanent teeth. Average number of permanent teeth affected per child.

Year	Children Examined	Premature lost	Crowns Destroyed	Other Caries	Restored	D.M.F.T.
1958	106	0.01	0.03	1.40	0.68	2.1
1960	81	0.00	0.00	0.86	0.65	1.5
1961	221	0.02	0.01	0.93	0.39	1.4
1962	278	0.00	0.02	0.67	0.34	1.0
1963	243	0.00	0.00	0.53	0.29	0.8
1964	238	0.00	0.00	0.63	0.33	1.0
1965	190	0.00	0.00	0.25	0.37	0.6
1966	183	0.00	0.00	0.42	0.27	0.7

Table IV

Summary of Dental Treatment Groups
(Number of Children)
1966

	AGE								
	Preschool	5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	361	569	693	823	930	936	851	1,831	6,994
B. Failed Initial Appointment	10	32	29	34	27	25	20	39	216
C. Completed Patients	177	290	420	446	548	580	528	872	3,861
D. Patients Recalled 6-8 months	179	279	493	700	878	971	950	1,805	6,255
E. Recalls - Completed 1st visit	66	103	200	230	310	380	396	654	2,339
F. Recalls Failed Appointments	10	15	26	38	58	51	64	170	432
G. Emergency Patients	34	77	117	118	166	171	182	511	1,376

Table IV - Definition of Terms

A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.

B. Failed initial appointment - patients assigned to dental clinics for treatment following school inspections and approved by the school nurse.

C. Patients completed - children from Section A receiving comprehensive dental treatment as provided by the clinics.

D. Patients recalled (6-8 months) - following last appointment when completed, (1964-1965).

E. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.

F. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.

G. Emergency Patients - arrive at clinics for relief of pain and infection, no definite appointment scheduled.

Table V

Analysis of Child Dental Services provided by
City of Winnipeg Health Department - 1966

X - rays (single film)	3,992
Exodontia - Deciduous Teeth	2,657
- Permanent Teeth	317
Anaesthetic (local)	8,905
Restorative - (Number Teeth Completed - Filled)	
- Deciduous	5,083
- Permanent	4,510
- Treatment Fillings	318
- Endodontics - Teeth completed	407
Crowns - Celluloid	14
- Stainless Steel	145
Space Maintainers	58
Prosthetic Appliances	17
Prophylaxis (Complete)	3,152
Topical Fluoride (Completed)	980
Fillings Polished	642
Parents Counselled	971
Other Treatments	9,188
Refused (non co-operative)	62
Total Number assigned Dental Appointments	19,878
Cancelled Appointments	1,426
Failed Appointments	1,460
Referred to Private Dentists	17
Recalls (6-8 months)	6,295
School Inspection Clinics	105
Classroom Dental Inspection (Approx. no. of children)	16,500

PUBLIC HEALTH NURSING

The City of Winnipeg public health nursing program is family centered, embracing both physical care and emotional support and requiring skill in teaching and counselling. The public health nurse is a family health teacher. She is interested in the health needs of all age groups from the newborn to the senior citizen. She visits homes and schools, counsels mothers in child health conferences, demonstrates nursing care and treatments, teaches expectant parents in day and evening classes, participates with other professional personnel in the rehabilitation of the sick, injured and handicapped and is the link between the hospital, the school and the home. Her chief concern is with the general welfare of people and families rather than with disease and infirmity. A close working agreement exists between the City of Winnipeg Public Health Nursing Division and the Victorian Order of Nurses in order that duplication and fragmentation of service is prevented.

Since its inception 25 years ago, the work of the Nursing Division has been decentralized. At the present time there are four district nursing offices each housing a nursing supervisor and from 11 to 15 nurses. Frequent communication takes place between the nursing districts and the central administrative office. Every effort is made to offer Winnipeg citizens a smooth, efficient, well co-ordinated nursing program. The following paragraphs highlight some of the nursing activities in 1966.

School Health Services

The health of school age children is a vital concern to all, both now and in the future. The physical and emotional ills which so often start in childhood must be discovered and placed under treatment as soon as possible so that the child will be capable of getting the greatest benefit from his education.

To this end, an extensive health service program for school children is maintained in Winnipeg schools by the Health Department. It is a co-operative activity involving parents, educators, private physicians, public health personnel and treatment agencies.

The success of the school health program depends mainly on the public health nurse who, as a health teacher, counsellor, interpreter and co-ordinator, spends more than 50% of her time in this area of service. It is the public health nurse's responsibility to screen out pupils with health problems and to assist them to obtain the necessary treatment or correction in order that their educational progress is not impeded.

In the past year, public health nurses tested the eyes of 41,932 pupils. The Snellen visual acuity test was used. As a result of these tests, 5,172 pupils were referred for further medical attention. Sixty-eight percent of these pupils had new glasses prescribed or their prescription changed. Since the problem of farsightedness is not easily detected with the Snellen test, the Health Department plans to purchase lenses next year so the pupils with problems of hyperopia may be picked up early.

For a number of years, the Winnipeg Health Department has carried out colour vision tests in the Technical Vocational School. The purpose of this test is to prevent boys from preparing for occupations for which a colour vision defect might render them unsuitable. In the past year, 220 boys were given an individual pseudo-isochromatic colour vision test by a public health nurse. Six percent of these boys failed the test.

There were 6,399 children screened for hearing defects in 1966. The majority of these pupils were grade 1. Of this number 2,352 were re-tested and 408 of them referred for further medical attention.

Each year our public health nurses keep close surveillance on the health of approximately 1,000 school children with serious handicapping conditions such as diabetes, epilepsy, cardiac, visual and neuromuscular disorders. Their reports on both old and new cases form the basis for the central office handicap registry and are the means by which private doctors are kept informed about any difficulties these children are having in the classroom.

The public health nurse in the school not only deals with the individual pupil who is referred to her because of a physical or emotional problem (83,000 visits made by pupils to the nurse in 1966) but she also counsels and supports each member of the school staff in the management of health problems within the school.

During 1966, the public health nurse arranged for 7,277 pupils in grades 1 to 4 and 8 to have a reinforcing dose of triad (diphtheria, tetanus and poliomyelitis vaccine) and also for 4,110 pupils to be examined by the school doctor. The findings of these examinations and consultations with pupils were communicated to parents, teachers and other health agencies in the community (45,678 such conferences in 1966).

One of the concerns expressed by public health nurses in the past year, was the increasing number of emotionally disturbed pupils in Winnipeg schools. These pupils become a real problem to the nurse because they are constantly at the nurse's office with minor complaints which when investigated have no apparent physical basis and seem to be used to cover up some deeper anxiety.

The magnitude of the public health nurse's work in the school system is verified by a review of the tables that follow. These tables are as significant for what they reveal as for what they conceal. They do not show the intangible complex problems faced by public health nurses in dealing with children from broken homes, children suffering from parental neglect, children from alcoholic or working parents, children from homes where there is mental illness or sex problems. They do not indicate changing patterns in community health and the new dimensions to the knowledge and skills required for public health practice.

Home Visiting Service

In 1966 public health nurses made 53,865 home visits to 7,469 families. Approximately 3,492 of these families were in receipt of public assistance. In making home visits, one nurse is responsible

for meeting the health needs of all members of the family. A variety of services might be given in one home. For example, the Smith family were all infected with scabies. The public health nurse explained to Mrs. Smith how this condition had to be treated. She also taught Mrs. Smith how to use a vaporizer and how to posture Sandra who had a chronic chest condition. She arranged for Fred to be seen at the Children's Hospital Developmental Clinic because of his very small stature. At the request of the school principal, she pointed out to Mrs. Smith and 15 year old Sharron the danger of glue sniffing and the importance of Sharron's regular attendance at school. She arranged for a medical examination for Mrs. Smith at the gynecology clinic and when it became necessary for Mr. Smith to enter hospital for surgery for a cancerous condition, the public health nurse assisted Mrs. Smith with plans for the care of the children.

Because of scientific and technological advances in medicine, patients are now being discharged home from hospital on treatment much earlier. These early discharges are having an effect on the role and responsibility of the public health nurse. The tuberculosis patient, for example, is detained in hospital only long enough to be diagnosed and established on treatment. The responsibility for the tuberculosis patient's continued treatment and rehabilitation then rests with the public health nurse. In 1966, for example, there were more than 200 such patients in the community on drug therapy.

An increasing number of patients from the Children's Hospital are being discharged home early on treatment. The public health nurses are being asked to explain the prescribed treatment to the patient's mother and to give them support and reassurance.

Many of these families have social problems as well as health problems. It is impossible to deal with their health problem without considering the social factors. For this reason, the public health nurse's role is changing and becoming more complex and time consuming.

Maternal Hygiene and Child Care Service

The provision of good maternal care is an important aspect of the Winnipeg public health nurses' family-centered program. The purpose of this program being:

1. To conserve the life and health of expectant mothers and to insure the delivery of a healthy baby.

2. To provide continuing support and health supervision to expectant parents and their family throughout the maternity cycle.

In carrying out this purpose, public health nurses made 1,087 home visits to teach pre-natal hygiene in 1966. This is a slight decrease over the number of similar visits made in 1965. However, statistics indicate the there were approximately 619 fewer births during the year. For the third year in succession there were no maternal deaths amongst Winnipeg residents.

The number of expectant mothers registered at pre-natal classes and at evening classes was 533, an increase of 75 mothers over 1965. Approximately 46 percent of the mothers registered were referred by private doctors. Since the majority of expectant mothers attending these classes are primiparas, it would appear that approximately 30 percent of mothers of first children attend the Winnipeg classes.

In the past year, at the request of the Director of Villa Rosa -- a home for unmarried mothers -- a City of Winnipeg Public Health Nurse conducted a series of 10 classes for the 28 unmarried mothers domiciled at the time, in this institution. This request was made in order to help the staff nurse of the institution organize similar classes as a regular procedure in the institution.

It is a routine practice for a physician's notice of birth to be received by the Health Department for all Winnipeg residents. On receipt of such notice, public health nurses visit the homes, usually within the first two weeks following the birth of the child.

Certain groups are selected as requiring priority home visiting. These consist of primiparas, especially those under 20 or over 40; premature infants; the multiparas of low socio-economic level, where care of previous infants has been known to be questionable. Any special request for a home visit is made the day the information is received.

During the newborn home visit the public health nurse discusses with the mother any area where she might be asked to obtain specific information, as well as areas in which the nurse realizes the mother needs help.

The concerns of the mother vary with her age and experience in child care. Generally, she indicates concern for the physical care of her infant in feeding, sleeping, bathing and elimination. As the child grows, the need for understanding the normal growth and development of her child and disease prevention develops. Discipline and habit training are other areas in which the mother requests assistance from the public health nurse.

A group that is giving the public health nurse much concern is the unmarried mothers. There is a rising incidence of illegitimacy in this City. In the year 1966, it reached an all time high of 752 registered illegitimate births. This represents 16.3 percent of the total live births and is nearly four times the national average. Out of the 752 illegitimate births, 73 or 9.7 percent occurred in young women 17 years and under and 7 of these young women had 2 illegitimate pregnancies. The largest number of illegitimate children were born to women between the ages of 18 to 25 years. This age group made up 58.9 percent of the total illegitimate births. In this age group 181 or 39.5 percent had 2 or more illegitimate children.

It would seem that a number of variables need to be considered in analyzing this problem, and intensive investigation seems to be warranted. No one to date has carried out any extensive research in this area to determine why this incidence is so high in Winnipeg. Perhaps birth

registration forms should request the legal residence of mothers. Perhaps this problem points up the need for intensive education and an improvement in family living.

Child Health Conference Service

During the past year the Mount Carmel Child Health Conference was discontinued. This centre had only been used once a month for immunization purposes. It was felt that the small number of children attending the centre did not justify its operation and children in the neighborhood needing this type of service could be referred to other centres.

At present, the Health Department operates 8 Child Health Conferences in various areas of the City. These conferences offer well-child supervision to mothers of children who because of financial or geographic reasons are not able to attend a private doctor. The staff at these centres consists of doctors and public health nurses. The nutritionist visits each centre once a month to deal with special problems in nutrition. Volunteers are used to assist with clerical and other routine duties.

In the child health conferences parent education is carried out on an individual basis between the public health nurse and the parent or between the doctor and the parent. The topics discussed with parents consist of physical, mental and emotional growth and development of the child, with anticipatory guidance on these subjects and information regarding nutrition and accident prevention. Appointments are made to have children medically examined and immunized against diphtheria, tetanus, whooping coogh, poliomyelitis and smallpox. Although the Guthrie test to detect phenylketonuria is a routine procedure in Winnipeg hospitals, the Health Department has continued to administer the ferric chloride test for phenylketonuria detection as a precautionary measure. It is hoped that next year measles vaccine will be available to children attending child health conferences.

After two years of research, the child health centre record has been revised and was introduced into the centre in September, 1966. It is hoped that this new record will eliminate duplication in recording and that it will give a more complete picture of the child's growth and development and factors influencing this development.

Statistics for 1966 indicate that 1,937 infants and 2,612 pre-school children were enrolled at these centres. This is 380 infants and 222 pre-school children less than in 1965. The lower number of births in 1965 and 1966 accounts for some of this decrease in enrollment.

Our records indicate that only 36.5 percent of public recipient families with pre-school children attended child health conferences in the past year yet public health nurses frequently find children from these families who require treatment which has been neglected until a crisis arises requiring costly hospital care. Therefore, it would seem essential that a comprehensive health service combining preventive and curative medicine be established in the lower income neighborhoods. Such a program, it is believed, would improve attendance, be more acceptable to the families, and more satisfying to the professional personnel.

Child Caring Institutions

Four day nurseries, 16 nursery schools, 7 child caring institutions, 10 group foster homes, and approximately 300 children's boarding homes received regular public health nursing visits and were recommended for licenses by the Nursing Division in 1965. The total enrollment in these child caring institutions is more than 2,500 children.

Meetings were held during the year with representatives from the Children's Aid Society, the Health Department and the Health Committee to discuss the use of unlicensed boarding homes and the Children's Aid Society's submission on the alteration of the Welfare Institution By-law governing foster homes.

A member of the Nursing Division has been on a sub-committee of the Provincial Board of Health which is revising Child Caring regulations. It is hoped that the revised regulations will provide more uniform standards for these various institutions in Metropolitan Winnipeg.

Throughout the year, several interviews were held with citizens to interpret the regulations in the Welfare By-laws governing day nurseries and nursery schools. The lack of qualified nursery school personnel continues to be the greatest difficulty the Nursing Division faces in maintaining desirable standards in these institutions. It is hoped that a two year course for the training of nursery school personnel which was established as a pilot project at the Manitoba Institute of Technology in October, 1966, will be continued and eventually an adequate supply of well-qualified nursery school educators will be available.

Nutrition Service

The nutrition service was established by the Health Department to develop educational programs which would improve the health and nutritional status of Winnipeg citizens.

Nutrition education is an important aspect of different areas of the Health Department service, particularly the public health nursing program. A city nutritionist is employed to act as a consultant on nutrition to the Health Department personnel and the general public.

In 1966, 411 consultation visits regarding special diets and problems of budgeting and home management were made by the nutritionist. In addition, the nutritionist held 28 consultations with public health nurses and public welfare workers regarding families they were assisting with food and budget problems. During the year, the diets of 315 pre-natals were assessed and advice given where improvement in the diet was indicated.

Each of the 8 child health conferences were visited on a regular basis once a month by the nutritionist and discussions held with mothers on problems of infant feeding, general nutrition of the family and food purchasing. Regular meetings were also held one afternoon a month in each of the four district nursing offices to keep the nurses up to date on nutrition information.

Student Program

The Nursing Division continued its policy of providing observation experience for student nurses from the St. Boniface, Victoria and Winnipeg General Hospitals. Supervised field practice was also arranged for students in public health nursing from the University of Manitoba. The Nursing Division has also co-operated with the Faculty of Medicine by arranging home visits for medical students during their paediatric training.

Special Projects

During the year, the Nursing Division members --

1. Continued to assist Dr. D. Grewar with his follow-up project on Low Birthweight Children.

2. Assisted with the preparation and presentation of a brief on public health nursing to the Minister of Health's Committee on the Supply of Nurses.

3. Participated in the Canadian Public Health Project on "A Statement of the Functions and Qualifications for the Practice of Public Health Nursing in Canada".

4. Contributed to a Statement on Day Care Facilities for the Canadian Welfare Council.

5. Participated in the Welfare Planning Council's Social Service Audit.

6. Participated on panel discussions on the Management and Care of Premature and Newborn Infants -- Family Planning-- Use of Volunteers in School.

7. Assisted in the preparation of the Health Education Curriculum for the Manitoba Department of Education.

In-Service Education

Twelve members of the Nursing Division spent three weeks at Selkirk Hospital for Mental Diseases and were briefed on the hospital's philosophy and treatment of mental illness and rehabilitative practices and obtained up-to-date information on psychopharmacology. All members of the staff attended the Diabetic Day Care Centre at the Winnipeg General Hospital and a one-day institute on Home Care services at the Children's Hospital. During the year, Dr. H. Reed spoke to the public health nurses on visual problems of school children and Dr. Andison on Family Planning and the Use of Contraceptives. Twelve members of the Nursing Division attended an institute on "Preparing Children for their Society". An institute on The Hard of Hearing was attended by the audiometer nurse and the supervisors attended a five day institute on supervision.

Looking back, 1966 has been a very busy year. As usual, nothing would have been accomplished without the untiring, enthusiastic and loyal co-operation of every member of the Nursing Division. We have accomplished much in the past year despite the extraordinary conditions under which we work. Our make-shift quarters which house our child health conferences and pre-natal classes leave much to be desired, yet we carry on confident in the hope that somewhere, someday, we shall be given accommodation worthy of the important work of our Division.

SCHOOL HEALTH SERVICES

	DISTRICTS				
	South	West	East	North	Total
NURSING APPRAISALS					
Individuals Served	21,192	16,602	16,803	28,281	82,878
Eye	3,301	3,037	2,549	3,192	12,079
Ear	675	579	644	894	2,792
Nose & Throat	2,217	1,110	1,457	2,830	7,614
Dental	378	606	1,075	1,215	3,274
Allergies	348	316	217	489	1,370
Asthma	126	47	57	58	288
Tuberculosis	5	23	51	40	119
Cardiac	50	51	62	104	267
Diabetes	63	31	39	44	177
Underweight & Overweight	714	449	337	646	2,146
Gastro-intestinal	2,025	562	805	1,891	5,283
Genito-urinary	134	78	151	220	583
Menstrual Complaints	803	201	198	611	1,813
Injuries	5,001	3,625	2,481	5,661	16,768
Neurological	83	92	50	182	407
Behaviour	495	133	337	692	1,657
Headaches	1,347	330	689	1,339	3,705
Communicable Skin Conditions	476	1,107	1,747	1,877	5,207
Pediculosis	15	115	423	434	987
Acne	225	198	203	473	1,099
Other Suspect Communicable Diseases	661	724	448	1,194	3,027
Other	2,216	2,989	2,827	4,593	12,625
TOTAL NURSING APPRAISALS	21,358	16,403	16,847	28,679	83,287
OTHER NURSING ACTIVITIES					
Health Education (No. of Talks)	76	147	194	148	565
Acute Communicable Inspections (No. of Classrooms)	14	54	22	89	179
General Inspections (No. of Classrooms)	130	224	363	311	1,028
Snellen Vision Tests (No. of Pupils)	12,577	8,993	7,243	10,685	39,498
Colour Vision Tests (No. of Pupils)	-	252	-	-	252
Treatments (No. of Pupils)	3,520	3,210	3,026	7,094	16,850
Teacher-Nurse Conferences (No. of Conferences)	213	231	168	304	916
Principal-Teacher Meetings (No. of Meetings)	2	22	11	35	70
Conf. with parents, guardians, teachers, others (No. of Conferences)	13,056	7,769	8,297	16,556	45,678

SCHOOL MEDICAL EXAMINATIONS

Medical Statistics	Districts				
	South	West	East	North	Total
Doctors visits to schools	125	105	125	174	529
Number of Children Examined by Doctor	1,022	911	913	1,264	4,110
Number of Parents invited to Medical Examination	738	489	652	942	2,821
No. of Parents present at Medical Exam.	320	295	235	437	1,287
Diphtheria and Tetanus Booster Inoculations	1,634	1,606	1,580	2,404	7,224
Poliomyelitis Booster Inoculations	1,644	1,614	1,614	2,405	7,277
Number of defects reported by school doctors	408	514	524	580	2,026

CLASSIFICATION OF DEFECTS REPORTED BY SCHOOL PHYSICIANS

Systemic Classification	Etiological Classification								
	Congenital	Traumatic	Infectious or Inflammatory	Allergic or Rheumatic	Neoplastic	Nutritional Metabolic Endocrine	Psychogenic	Idiopathic or Unknown	TOTAL
Eye	110	6	31	2	-	-	2	34	185
Ear, Nose & Throat	19	11	187	9	1	6	1	15	249
Dental	12	2	238	-	-	61	1	206	520
Digestive	1	1	12	-	-	13	24	8	59
Respiratory	-	-	40	17	-	-	1	2	60
Cardiac	36	-	4	4	-	2	1	45	92
Neurological	11	2	5	-	-	-	19	12	49
Musculo-Skeletal	43	91	8	3	3	14	8	22	192
Genito-Urinary	21	3	12	1	-	15	29	20	101
Skin	6	27	143	61	5	19	5	24	290
Miscellaneous	11	-	13	-	-	72	92	41	229
TOTAL	270	143	693	97	9	202	183	429	2,026

HOME VISITING PROGRAM

Cases Admitted & Visits by Nursing Districts.

Program	Cases Admitted					Visits				
	South	West	East	North	Total	South	West	East	North	Total
Maternity										
Antepartum	58	161	148	193	560	176	255	288	368	1,087
Postpartum	905	1,136	857	958	3,856	1,003	1,316	966	1,020	4,305
Health Promotion	4,082	3,202	3,439	4,491	15,214	7,271	4,984	7,609	9,108	28,972
Disease Control										
Injuries	126	179	96	212	613	180	166	164	321	831
Eye	81	138	71	317	607	177	224	206	628	1,235
Ear	102	89	29	141	361	170	132	131	252	685
Arthritis	4	7	22	11	44	16	8	65	36	125
Cancer	8	4	15	22	49	16	15	63	57	151
Diabetes	9	15	13	13	50	17	17	56	29	119
Cardiovascular Disease	19	30	36	44	129	43	59	71	96	269
Cerebral Vascular Accidents	5	4	9	17	35	10	17	14	40	81
Other Chronic Diseases	89	82	78	146	395	204	166	205	536	1,111
Mental Illness	81	42	84	102	309	300	83	201	332	916
Mental Retardation	34	16	26	51	127	102	34	92	138	366
Other Non-Com. Diseases	159	229	245	523	1,156	345	375	597	1,129	2,446
Tuberculosis Cases	41	60	69	145	315	61	158	188	273	680
Tuberculosis Contacts	102	123	158	265	648	137	232	369	450	1,188
Other Com. Diseases	204	349	205	808	1,566	442	693	596	1,461	3,192
Total - All Programs	6,109	5,866	5,600	8,459	26,034	10,670	8,934	11,881	16,274	47,759
Not-home, Not-found	-	-	-	-	-	1,396	1,522	1,467	1,721	6,106
GRAND TOTAL	6,109	5,866	5,600	8,459	26,034	12,066	10,456	13,348	17,995	53,865

HOME VISITING PROGRAM

By Type of Visit, Age of Patient, By Nursing Districts.

Age on Day of Visit	Maternity Visits				Health Promotion Visits				Disease Control Visits			
	South	West	East	North	South	West	East	North	South	West	East	North
Under 28 Days	-	-	-	-	819	978	697	842	16	12	25	34
28 Days - 1 Year	-	-	-	-	1,013	1,035	881	1,246	111	232	257	396
1 - 4 Years	-	-	-	-	1,667	1,185	2,154	2,437	474	464	639	1,168
5 - 19 Years	129	157	128	158	1,573	888	1,492	1,834	890	1,112	1,077	2,575
20 - 44 Years	1,042	1,412	1,095	1,217	2,000	837	2,048	2,435	512	408	596	1,158
45 - 65 Years	8	2	31	13	169	38	279	265	147	119	322	340
65 Years & Over	-	-	-	-	30	23	58	49	70	32	102	107
TOTAL	1,179	1,571	1,254	1,388	7,271	4,984	7,609	9,108	2,220	2,379	3,018	5,778

Family Serviced

	Districts				
	South	West	East	North	Total
New Families Enrolled	1,243	1,369	1,149	1,443	5,204
Families Carried Forward	510	460	586	709	2,265
Public Welfare Families	314	784	1,003	1,391	3,492
Pre-Natal Classes					
Enrollees at afternoon Pre-natal classes	138	97	120	79	434
Enrollees at Evening Pre-natal classes	55	-	-	44	99
TOTAL ENROLLEES	193	97	120	123	533
Attendance at afternoon Pre-natal classes	1,012	617	373	428	2,430
Attendance at evening Pre-natal classes	354	-	-	288	642
TOTAL ATTENDANCE	1,366	617	373	716	3,072
Number of Persons Viewing Films	1,443	825	358	1,265	3,891

CHILD HEALTH CENTRES

Child Health Centre Statistics			Districts South	West	East	North	Total
Number of Child Health Centres			1	3	2	2	8
No. of Child Health Centre Sessions held			50	147	96	98	391
* Enrollment at Child Health Centres							
	Infants	new	267	482	289	336	1,374
		old	182	189	80	112	563
		Total	449	671	369	448	1,937
	Pre-school	new	274	363	344	325	1,306
		old	322	488	193	303	1,306
		Total	596	851	537	628	2,612
*Re-visits							
	Infants		408	1,136	300	730	2,574
	Pre-school		447	799	394	499	2,139
		Total	855	1,935	694	1,229	4,713
* TOTAL ATTENDANCE			1,900	3,457	1,600	2,305	9,262
Discharges	Infants	new	9	22	-	7	38
		old	43	104	19	20	186
	Pre-school	new	14	21	7	6	48
		old	335	482	91	75	983
TOTAL DISCHARGES			401	629	117	108	1,255
Transfers							
		In	31	84	26	52	193
		Out	19	82	36	49	186
TOTAL TRANSFERS			50	166	62	101	379
Doctors' Examinations & Consultations							
	Infants		232	457	350	534	1,573
	Pre-school		355	572	286	341	1,554
		Total	587	1,029	636	875	3,127
Nurses' Consultations							
	Infants		534	1,040	310	749	2,633
	Pre-school		637	851	400	685	2,573
		Total	1,171	1,891	710	1,434	5,206
Number of Immunizations			1,917	3,593	1,779	2,483	9,772
Number of Completed Diphtheria, Pertussis, Tetanus & Polio			237	633	201	331	1,402
Number of Smallpox Vaccinations			154	309	92	181	736

(*Enrollment - new - attending for first time
*TOTAL ATTENDANCE- - old - attending for first time in 1966
(*Re-visits includes new & old enrollment for 1966

ATTENDANCE AT CHILD HEALTH CENTRES

Name of Centre	Total Immun.	Drs. Consult. & Exams.	Nurses' Consult.	Total Exam. & Consult.	Total Sessions
St. Lukes	1,917	587	1,171	1,758	50
St. Matthews	1,887	417	860	1,277	51
St. Judes	1,013	282	390	672	47
Sparling	693	330	641	971	49
St. Andrews	1,171	395	437	832	50
Grey Street	608	241	273	514	46
Robertson House	1,162	522	662	1,184	48
Holy Ghost	1,321	353	772	1,125	50
TOTAL	9,772	3,127	5,206	8,333	391

CHILD HEALTH CENTRE FINDINGS & REFERRALS

Child Health Centre Findings		Districts South	West	East	North	Total
Physical		204	395	172	367	1,138
Neuro-Motor		41	23	13	30	107
Language		39	43	20	43	145
Socializing		32	34	45	32	143
Feeding & Nutrition		159	253	257	266	935
Elimination		96	104	47	56	303
Sleeping		58	36	27	40	161
Family		16	14	23	16	69
P.K.U. Tests	Negative	135	165	68	118	486
	Positive	-	-	-	-	-
Referrals to:	C.H.C. Doctors	80	496	328	247	1,151
	Private Doctors	27	41	12	35	115
	Hospital Clinics	17	61	67	70	215
	Community Agencies	6	5	-	3	14
	Home Visits	22	48	4	8	82

SCHOOL AUDIOMETRIC TESTS

Total Number of children tested	8,751
Number of Children receiving first test 6,399	
Number of Children receiving re-test 2,352	
Number of children referred for further medical examination.....	408
Number of teachers or others tested.....	84

NUTRITIONIST'S REPORT

Consultations with patient re diet or home management	411
Consultations with P.H.N. or Agencies re diets	28
Pre-natal diet assessments	315
Meeting with nurses or others	83

CHILDREN EXAMINED FOR FRESH AIR CAMPS

Camp Morton	217
Salvation Army	264
Y.M.C.A.	218
Y.W.C.A.	222
United Church	518
Camp Playmore	206
Camp Tikvah	88
Logan Day Camp	93
Lakeside Camp	116
Camp Funland	114
TOTAL CAMP EXAMINATIONS	2,056

CHILDREN'S HOSPITAL - EYE CLINIC

Number of Clinics held		295
Number of Children Examined		
New	586	
Re-examined	1,317	
Total		1,903
REFRACTIONS		
Refractions completed		
Not needing glasses	301	
No change in prescription	422	
Glasses discontinued	9	
Glasses prescribed	893	
Total		1,625
Refractions Not Completed		
Refractions not needed	9	
Returned for observation	269	
Total		278
		1,903
Number of children with 1/3 or less normal vision with glasses		-
Number of Out-patient consultations (Winnipeg residents)		484
Number of children referred to Orthoptic Clinic		105

VICTORIAN ORDER OF NURSES
(Report for Metropolitan Winnipeg)

New Cases 2,480

	Nursing Care Visits	Health Inst. Visits	Total
Pre-natal	1	33	34
Post-natal	18	263	281
Newborn	174	720	894
Infant	877	104	981
Pre-school	958	212	1,170
School	854	40	894
Adult	71,143	-	71,143
TOTAL	74,025	1,372	75,397

Patients not seen	656
On behalf of patients	15
Total	671
Night calls included in above	515

REGISTRY OF HANDICAPPED SCHOOL CHILDREN

Continuing experience with the Health Registry for potentially handicapping conditions in school children has already demonstrated to our satisfaction that it is an effective method of concentrating professional personnel time on those school children who most require it. The addition of a comprehensive pre-school medical examination by either the private or school physician, and screening procedures to recognize as early as possible defects of vision and hearing; as well as medical questionnaires twice during the eleven years of school to screen out those who have developed health problems which may or may not be significant in their effects on the child's educational potential; have made possible the reasonable realization of what we consider to be our objectives in the Winnipeg School Health Program. These objectives may be stated as follows:

1. An adequate pre-school health assessment for every child.
2. The early recognition of health problems which constitute potential or actual handicaps to successful academic progress.
3. Periodic review of the health status of those school children with known health problems.
4. Surveillance of the school environment to ensure that it is as safe as possible for the school personnel who spend five days a week within its boundaries.

During the last year of the project, a summer student, Miss J. Ingimundson, after a period of three weeks of special training with Assistant Associate Professor K. C. McRae of the Children's Hospital, Child Development Department, carried out a comprehensive examination of 91 school children. In addition, some special studies were made with a modification of a new device designed to give a more comprehensive screening for visual defects. Using this "Atlantic City" device, it is possible with great speed, to screen large numbers of children not only for refractive errors, both myopia and heterometropia, but also for significant muscle imbalance. With the assistance of Dr. Andrew Karsgaard, Associate Ophthalmologist, Children's Hospital, and Ophthalmologist to the Winnipeg Clinic, this device was used within the City Health Department and is now being tried out in the Outpatients' Department at the Children's Hospital. It will be important to establish before it is used routinely in the schools that there will not be unnecessary referrals to Ophthalmology, to the private Ophthalmologist, or to the Ophthalmology Department of the Outpatients' Department. At the present time over-referrals following the use of the Snellen test are, for practical purposes, insignificant. Our latest figures show only 2.3% of over-referrals in almost 2,000 cases referred to the Outpatients' Department, Children's Hospital, by the school nurse.

Stemming from the use of the Health Registry, there has developed a very large and active correspondence with private physicians concerning school children under their care who have health problems which interfere with attendance, scholastic achievement, or participation in physical education. In more than 50 % of cases a letter sent to the private physician is rewarded with a reply within ten lays, and in

approximately 90% of cases within the month. Rarely is a follow-up telephone call or letter necessary. In only one or two instances have letters not been answered.

In the process of correspondence with the family physician, information is given to the physician about the school progress of the child patient at the same time that a request is made for further guidance or information. In many instances children who have been on restricted physical activity for some time have been permitted full physical activity after correspondence with the private physician. Children with convulsive disorders who have presented difficulties in the classroom due to poorly-controlled seizures or to drowsiness associated with over-medication, have been reviewed by the family physician and in nearly every instance, improvement in the child's school attendance and achievement has resulted.

During this coming year we plan to experiment further on some of our screening techniques in order to make them more effective. This includes the health questionnaire as well as the recoguition of vision defects. Audiometry is now done at Kindergarten and Grade I levels and has been done this way for the last two years. This has led to earlier detection of hearing defects, and although it is more time-consuming, we believe this to be a worthwhile development. Considerable interest has been shown in the methods employed in the School Health Service of the City Health Department, and requests have come from many places in Canada and the United States for copies of our health examination forms, health questionnaires, and the operation of our Handicap Registry.

PRE-SCHOOL EXAMINATIONS 1966

No. appointments made	153	
No. re-appointments made	18	
No. children examined	91	(59%)

RESULTS OF EXAMINATIONS

1.	Children with defects	47	(52%)
	With 1 minor defect	23	
	More than 1 minor defect	4	
	With 1 major defect	11	
	More than 1 major defect	-	
	1 major - 1 minor defect	9	
2.	Children with no defects	44	(48%)
	Total No. of Defects	78	
	Major - 26		
	Minor - 52		

A. MAJOR DEFECTS

1. Vision
   - Refractive error - 9
   - Strabismus - 3
   - Previously known - 2
2. Enuresis - 4
3. Cardiac - 4
   - Previously known - 2
4. Speech - 2
   - Prev. known - 1
5. Anaemia (8.5 gms. %) - 1

B. MINOR DEFECTS

1. Dental Caries - 20
2. Minor Articulation Defect - 9
3. Skin - 5
4. Orthopaedic - 4
   - Previously known - 3
5. Emotional Disturbance - 10
6. Hydrocoele - 1

C. ACUTE CONDITIONS

- E.N.T. - 19
- Skin - 5
- Chest - 1

IMMUNIZATION STATUS

- Not started - 2
- Not up-to-date - 30

GROWTH AND DEVELOPMENTAL ASSESSMENT

1. Height and Weight

Less than 3 percentile	-	7	
3 - 10 percentile	-	33	
25 percentile	-	45	

2. Haemoglobin

Less than 12.3 ± 2 gms %	-	78	(86%)

3. Urinalysis

Albuminuria (trace only)	-	2
Glucosuria	-	0

4. "Mental" Development

(a) Adaptive	-	3 delayed ½ - 1 year
	-	2 delayed 2 years
(b) Language	-	29 delayed ½ - 1 year
	-	2 delayed 2 years
(c) Social	-	4 delayed ½ - 1 year
(d) Motor	-	All at normal levels

INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham, Cert. R. San. I.
Food	Act. Principal Inspector	R.H. Keena, R.San.I., M.R.S.H.
Housing	Principal Inspector	G.W. Kelly, R. San. I.
Sanitation & Hygiene	Act. Asst. Chief Inspector	A. Cross, C.P.H.I.(C).,F.R.S.H.
Chief Health Inspector		** R.C. Morrow, D.V.M.,C.S.I. (C).
Chief Health Inspector		* E.J. Rigby, D.V.M.,B.S.A.,C.S.I.(C).

* Retired Sept. 10, 1966 ** Appointed Sept. 24, 1966.

The personnel of the Branch in addition to those listed above consists of 23 certified inspectors, 6 uncertified inspectors (who are being trained by the Department to fill vacancies on the staff) and 2 clerks. During the year 3 inspectors left the Department; one due to retirement, 2 for other employment. The 6 uncertified inspectors are presently being trained by the Department by means of a systematic course consisting of lectures, demonstrations and correspondence lessons, the latter sponsored by the Canadian Public Health Association. This is supplemented with field work whereby they accompany certified inspectors. On completion of this training work they will write the examinations set by the Canadian Public Health Association in September 1967. Successful candidates will be certified by the Institute of Public Health Inspectors.

During 1966, 17 health inspectors of this Branch elected to pursue improvement courses by correspondence in order to further their knowledge in a variety of subjects, all related to their everyday work with the Department:

1. Basic Mathematics
2. Control of Insects and Rodents,
3. Control of Communicable Disease.

All inspectors were successful in passing the final examination upon completion of these courses.

The Sixteenth Annual Conference of the Institute for Health Inspectors was held this year in October 17 - 21; it was sponsored jointly by the Manitoba Department of Health and the Department of National Health and Welfare, and was financed by a National Health Grant. As it was not practical to have all inspectors attend all sessions simultaneously arrangements were made to have inspectors attend the periods that were of greatest interest to them.

On Friday, March 4, 1966, the City of Winnipeg experienced one of the worst snowstorms in its history, and a state of emergency was declared. The Food Division was particularly busy during that period and participated in all emergency activities which involved many other employees from other Departments. Milk plants and food stores had plenty of stock on hand but delivery was extremely difficult. Hospitals were short of milk and food supplies. With the help of all those concerned

including our food inspectors deliveries were ensured to critically short places in spite of difficulties listed above. Supermarkets remained open on Sunday 48 hours after the storm at the request of this Department in order that citizens could replenish their supplies. We would like to thank all City Departments for their co-operation and assistance during the storm period with special reference to the Engineering Department who helped by opening roads to hospitals for food supplies; to the Police and Fire Departments for taking care of a great number of emergencies involving transportation of sick people to and from centres where medical care could be administered.

Before the end of March and in the face of an impending threat of flooding of the Red River Valley another emergency situation was created. A flood control centre was organized at 156 Princess Street, mainly to provide information services to the public. It functioned from March 18th to April 10th, 1966, when the immediate danger was over. 13 of our inspectors assisted in the operation of this centre.

Housing Division:

One of the most gratifying features of the work of the Housing Division this year was the overall acceptance by the public of the Minimum Standards of Housing Repair By-law. We would like to express our appreciation to the City Urban Renewal and Survey Departments; their help contributed greatly to the success of initial enforcement measures. The new By-law establishes standards relating to the state of repair and maintenance of the exteriors of all residential buildings in the City and of buildings of all types and uses in any district classified as residential under Zoning By-laws. Maintenance includes not only repairs but also repainting "where more than 25% of the area of any plane or wall on which the protective surface paint is blistered, cracked, flaked, scaled or chalked away". Owner occupied single family dwellings are exempt. However, Council has instructed the City Solicitor to draft a By-law to enable waiving of the present exemption for owner occupied single family dwellings from the provisions of the By-law. In our opinion this By-law will especially contribute to prevention of slum creation and will eliminate or minimize eye-sores in the City.

In enforcing the new By-law the Housing Division issued formal notices to the owners of 92 properties consisting of 2 business premises, 1 garage, 1 barn, 2 terrace dwellings, 16 semi-detached dwellings, 1 apartment block, and 69 single family rented dwellings. The properties were distributed as follows: Ward One, 16; Ward Two, 15; Ward Three, 61. Distribution by Zoning was R-1, 10; R-2, 38; R-3, 36; R-4, 3; C.M., 3; M-2, 2. Of the 92 notices issued 85 had been fully complied with by the end of the year; 6 were only partially completed and 1 was not complied with. Cases were taken to Court and there were 13 convictions and no dismissals. The Season's work with respect to this By-law resulted in the painting of the walls of 81 buildings, of sheds at 18 premises, of the shingled roofs of 14 dwellings, and in the repair of walls of 9 buildings, verandahs and steps of 32 buildings, fences at 11 properties, sheds at 8 premises, and reglazing of many others. A side effect of our work was the demolotion of a large old barn located in a residential district. Also a number of badly dilapidated outbuildings in rear yards in various parts of the City were torn down. The Better Housing Commission at five meetings held between June 14th and October 11th, dealt with 14 appeals against orders to comply with the new By-law. 8 applicants were granted extensions of time of

from one to three months, 3 were given extensions of from five months to one year, 2 applicants were refused variations in their orders, 1 application was sustained, the Medical Health Officer being requested to rescind the notice and serve a new notice.

Although our inspectors did some survey work during the year searching for violations of the exterior maintenance by-law, the great bulk of the Division's work was in the investigation of 1,655 complaints, a record number. Only 50 of these complaints were concerning alleged violations of the exterior maintenance by-law (The Minimum Standard of Housing By-law). 280 were regarding non-compliance with the Winnipeg Heating By-law. The remaining 1,325 complaints were concerning violations of the Regulations pertaining to housing, made under the Public Health Act.

Dairy Division:

During the year the number of licensed producers shipping fluid milk to the 8 pasteurization plants in the City dropped from 670 to 642. However, the volume of milk shipped increased from 14,900,000 lbs. per month to over 15,000,000 lbs. per month. Milk shipped by producers is tested twice a month for safety using the plate loop test. Milk testing under 40,000 count qualifies the producer for a 10¢ bonus per 100 lbs. shipped. Milk is considered acceptable with counts under 100,000. The milk is all cooled and stored on the farms in stainless steel bulk tanks and held at a temperature of around 38°F. or lower. The milk is collected every other day by tanker trucks and delivered direct to pasteurization plants. The 642 shippers are divided into 55 routes which are handled by 26 tanker trucks.

Milk producing farms are inspected regularly three or four times a year by 2 inspectors; more inspections are carried out if necessary. Conditions at these farms are improving continuously under the guidance of our milk inspection division. All cattle on the farms are tested regularly for tuberculosis and brucellosis.

Pasteurization plants are also inspected regularly and samples of the final ready-for-marketing products are tested for evidence of proper pasteurization, butterfat content; coliform and bacterial counts are taken. 1992 samples were tested in 1966.

Food Division:

The Food Division is responsible for inspection and sanitary operation of all premises where food is manufactured, processed, stored, sold or served to the public in the City of Winnipeg. There are approximately 1800 such establishments. Licences to operate are required for 1817 premises and 828 food and drink vending machines. The licensed premises include 545 restaurants, 49 caterers, 87 dance halls, 55 hotels, and 10 sausage manufacturers. Bakeries are to be licensed next year. In view of this pending licensing of bakeries the preliminary field work has been carried out during the year with repeated inspections of these establishments. Many other food establishments, wholesale or retail, including grocery stores, fish processing plants, canteens and others, while not required to obtain a licence, are subject to inspection by this division. Every effort is made to inspect all restaurants and bakeries once a month; more frequent inspections are required in many instances.

The Red River Exhibition, an annual event in the City, presents many problems due mostly to the temporary nature of refreshment booths located throughout the extensive grounds. It was found necessary to assign two inspectors for duty at the exhibition for the entire duration of the event.

There are 10 wholesale sausage manufacturers operating in the City at present. All are using Federally inspected meat for the manufacture of their products and in that respect no difficulty has been encountered. Their operation is however under continuous supervision by the City Health Department to ensure safety of the final product.

A new soft drink processing plant was constructed and opened this year in the Inkster Park Industrial Area. This plant is one of the most modern in Canada.

Swab testing of dishes, glasses and restaurant utensils to determine if they have been properly washed and sanitized has continued in 1966. The test used has a great deal of educational value. Owners and operators appreciate the importance of good sanitary practices when the tests substantiate the result of such practices.

All plans for construction or alteration for food handling establishments have to be first approved by the Food Division prior to initiation of any building or changes. Plans for 16 new premises and 35 alterations were approved in 1966.

Condemned food during the year amounted to 10,125 lbs. This was due to damage by fire, water or other waste. Many more examinations of food were carried out at the request of owners or public to determine wholesomeness and safety. During the year 49 fire calls in food premises were attended -- most of these outside working hours.

Sanitation & Hygiene Division:

The Division of Sanitation and Hygiene is responsible for routine inspection of factories, workshops, offices and office buildings; barbershops and beauty parlors; swimming and wading pools; schools; comfort stations; billiards, bowling allies, hatcheries, pet shops, junk yards, laundries, massage parlours, second-hand stores, skating rinks, poultry keepers, tanneries and undertaking establishments. In addition this division inspects and reports on conditions of yards, sheds, temporary surface closets for workers; noises, smoke, dust fumes, offensive odours and atmospheric pollution in general; infestations of insects and rodents (apart from houses which is within the jurisdiction of the Housing Division); and the nuisances resulting from the keeping of pigeons. Inspectors of this Division collect water samples for bacteriological analysis of the City's water supply; also samples from swimming pools and wading pools for regular testing.

At least 2 inspections are made annually of all factories and workshops; barbershops are regularly inspected as well. Early in the year legislation was enacted requiring barbers and hairdressers to have an x-ray or other screening test for excluding tuberculosis infection as all such persons are in close contact with the public. This will be required every second year.

During the month of June the Sanitation Division assisted the Parks and Recreation Department in the training of temporary employees hired as operators of wading pools. 80 trainees received such instruction. In July and August one inspector was engaged full-time in the supervision of 37 wading pools and during the 2 months collected 296 water samples for bacteriological analysis. Provincial Health standards were met at all wading pools at all times. There are now 36 swimming pools exclusive of those privately owned in Winnipeg and when in operation these pools receive weekly inspection including sampling of water for bacteriological analysis. Each pool is also tested for residual chlorine and pH. Control of nuisance created by pigeons was maintained through the year and 2,164 pigeons were shot upon request from the public.

Perusal of the Division's statistics show that the staff made 21,246 inspections and re-inspections; gave 2,106 interviews; collected 3,178 water samples and dealt with 5,345 defects requiring 6,180 notices.

The tabulated reports of the various divisions follow:

DAIRY DIVISION

	INSPECTIONS	CONTACTS
COUNTRY:		
Milk Producers	2,348	280
Prospective Producers	17	
Bulk Milk Tanks	2,347	
CITY:		
Pasteurization Plants	232	1,570
Ice Cream Manufacturers	240	
Counter Freezers	665	
Butter Plants	217	
Cheese Plants	205	
Tests of Equipment	60	
Tanker Trucks Inspected	410	
Vehicles-Delivery	82	
	6,823	1,850

SAMPLES:	
Milk Shippers	15,816
Milk Retail	1,424
Milk Special	375
Cream	568
Ice Cream	768
Bottles for Sterility	94
Water	52
Special Samples Tested	456
	19,553

GENERAL:	
Calls	1,298
Complaints	28
Letters sent re: Premises	152
Letters sent re: Quality of Milk	285
Cancellations for Poor Quality	6
Tests Result Cards sent	15,769
Permits Issued	9
Permits Cancelled	37
Temperatures Taken	1,017
	18,601

FOOD DIVISION

	INSPECTIONS	CONTACTS
Bakeries	920	347
Banquet Halls	83	48
Beer Parlors	215	104
Breweries & Bottling Plants	8	21
Candy Manufacturers	74	53
Canteens & Hotel Kitchens	169	104
Caterers	313	83
Cereal Mills	25	20
Cocktail Lounges	237	126
Dance Halls	223	48
Egg & Poultry Wholesale	16	3
Fish-filleting, Cold Storage etc.	73	47
Food Processing	156	84
Frozen Food Locker Plants	11	1
Ice Houses and Depots	5	1
Pickle & Vinegar Factories	22	10
Poultry Slaughterhouses	35	19
Private Clubs	31	53
Producer's Markets, Vegetable Stalls	242	69
Restaurants	4,554	1,326
Retail Food Stores, Grocer, Butcher etc.	2,829	975
Sausage Manufacturers	152	132
Wholesale - Groceries & Vegetables	181	44
Fires in Food Premises	52	62
Vehicles	41	6
Vending Machines	247	10
Special Calls	646	371
TOTAL	11,560	4,167

Complaints	250	Samples: Food	551
Notices: Verbal	4,835	Water	2
Written	811		
Plans Examined	97	Plans Approved	45

Bacteriological Tests - Restaurants & Beer Parlors.

Number of Premises	755	Number of Utensils	4,286

Condemnations: (destroyed in City Incinerator)

Baked Goods	1,449 lbs.	Fruit & Vegetables	334 lbs.
Candy	369 lbs.	Lard	115 lbs.
Canned Goods	1,804 lbs.	Meat	851 lbs.
Cereal	295 lbs.	Nuts	80 lbs.
Eggs	3 doz.	Poultry	96 lbs.
Fish	4,712 lbs.	Sugar	20 lbs.

HOUSING DIVISION

Violations of the exterior maintenance by-law (The Minimum Standard of Housing Repair By-law) remedied during the year under orders from the Housing Division.

Exterior Painting: walls - 81 buildings; shingled roofs - 14 buildings; sheds - 18 properties;

Violations of the Health Act Regulations and Health By-laws pertaining to housing remedied during the year under orders from the Housing Division.

Overcrowding remedied	52 buildings
Damp or dark cellars vacated	12 cellars
Dark, low-ceilinged attics vacated	2 attics
Additional windows constructed and lighting improved in previously dark attics	7 attics
Bedbugs exterminated	223 buildings
Cockroaches exterminated	105 buildings
Silverfish, lice fleas, beetles, ants, sowbugs exterminated.	105 buildings
Rats exterminated	1 property
Mice exterminated	96 buildings
Defective cellars repaired	80 buildings
Leaky roofs repaired	112 buildings
Walls, ceilings, floors repaired	413 buildings
Defective eavestroughing repaired or renewed	125 buildings
Defective heating equipment repaired or renewed	146 buildings
Fly screens and/or storm sashes provided	436 buildings
Defective plumbing repaired	423 buildings
Additional plumbing installed	182 buildings
Hot water facilities provided or improved	135 buildings
Additional heat provided	231 buildings
Redecorated	436 buildings
Gas stoves removed from bedrooms	17 buildings
Floor coverings renewed	265 buildings
Additional electric light provided	26 buildings
Blinds provided for windows	10 buildings
Filthy or torn mattresses or bedding and filthy or dilapidated furniture cleaned, repaired or renewed	69 buildings
Floors, walls washed	164 buildings
Garbage nuisances corrected	349 properties
Miscellaneous defects remedied	50 buildings

Total inspections and re-inspections		12,206
Notices issued:	verbal warnings	6,097
	formal notices	2,503

Complaints attended to:	lack of heat	280
	re: exterior of buildings	50
	other complaints	1,325
		1,655

Placarded houses as at December 31, 1965: 72

During 1966 - 53 additional houses were placarded "Unsanitary"
9 were renovated
49 were demolished

Placarded houses as at December 31, 1966: 67

26 Police Court summonses: 15 convictions, 4 withdrawals,
1 dismissal, 6 pending.

15 Police Court Convictions:

Failed to exterminate bedbugs	$ 28.30
Failed to refit doors	18.30
13 convictions re exterior maintenance by-law	197.90
	$ 244.50

Violations of other by-laws discovered by our inspectors and referred in writing to the proper departments for their action:

Electrical Inspectors	hazardous wiring	92 buildings
Fire Inspectors	fire hazards	5 buildings
Building Inspectors	other safety hazards	48 buildings
Zoning Inspectors	zoning violations	1 building
Plumbing Inspectors	plumbing permit required	9 buildings
Weed Inspector		13 premises
Children's Aid Society		1 family
Greater Winnipeg Gas Company		1 building
Total referrals in writing		170

DIVISION OF SANITATION AND HYGIENE

		Inspections
OFFICES, WORKSHOPS AND FACTORIES		6,416
HAIRDRESSING ESTABLISHMENTS		1,668
LICENSED PREMISES:		
Billiard Parlors	165	
Bowling Alleys	54	
Hatcheries and Pet Shops	15	
Junk Yards	142	
Laundries	132	
Massage Parlors	70	
Poultry Keepers	1	
Second-hand Stores	271	
Skating Rinks	6	
Soap Manufacturing	4	
Tanneries and Hide Curing	11	
Undertaking Parlors	25	
Theatres, concert halls, arena, stadium	26	
Total Licensed Premises		922
OTHER INSPECTIONS:		
Air Pollution	326	
Comfort Stations	191	
Garbage and Refuse	3,026	
Lanes, Streets and Lots	5,608	
Outbuildings	104	
Schools	13	
Swimming Pools	864	
Wading Pools	407	
Wells	56	
Workmen's Closets	1,231	
Community Clubs	22	
Miscellaneous	392	
Total Other Inspections		12,240
TOTAL NUMBER OF INSPECTIONS		21,246
INTERVIEWS		2,106
WATER SAMPLES		3,178
DELIVERIES		775
COMPLAINTS		1,149
PROSECUTIONS		11
NOTICES:		
Verbal	4,360	
Letter	1,402	
Informal	296	
Specification	30	
Mandatory	92	
Total Notices		6,180

DEFECTS DISCOVERED & DEALT WITH:

Bedding and Upholstery	4
Cleanliness, Lack of	311
Common Drinking Cups	55
Covered Waste Receptacles	222
Dampness	3
Drinking Facilities (Water)	4
Garbage and Refuse	1,503
Gas Installations	43
Heating: Lack of	32
Furnaces & Equipment	1
Lanes, Streets and Lots	1,367
Lighting: Natural or Artificial	12
Noises	12
Plumbing: Lack of	6
Defective	51
Illegally Installed	2
Insufficient	8
Dirty Fixtures	202
Legible Signs, Lack of	46
No Water Supply	2
No Hot Water	2
Privacy, Lack of	1
Pigeons and Poultry, Illegal	45
Rest Rooms: Lack of	2
Dirty	22
Furnishings	2
Rodents: rats	14
mice, other	14
Smoke, Dust, Fumes, Odors	385
Soap and Towels, Lack of	41
Stagnant Water	10
Structural Defects: Roofs & Ceilings	20
Eavestroughing & R.W.L.	3
Cellars, floors and walls	28
Screen doors and windows	1
Swimming Pools, Wading Pools	103
Ventilation	37
Vermin	5
Workmen's Closets	142
Miscellaneous	582
Total Defects and Irregularities	5,345

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1966

Personal Services	$ 678,861.00
Outside Services	85,933.00
Materials Supplies & Repairs	62,734.00
Equipment, Additions & Replacements	2,906.00
Other Expenses	8,990.00
Automobile Allowances	26,208.00
Total	$ 865,632.00

Expenditures by Branches

Branch	Total	Salaries	Other Expenses
Administration and Statistics	$ 43,464.00	$ 39,600.00	$ 3,864.00
Communicable and Other Diseases	89,288.00	30,039.00	59,249.00
Inspection Services	150,811.00	136,623.00	14,188.00
Child Medical Services	38,049.00	5,521.00	32,528.00
Child Dental Services	112,849.00	68,409.00	44,440.00
Nursing Services	311,340.00	295,744.00	15,596.00
Health Services Extension	119,831.00	102,925.00	16,906.00
Total	$ 865,632.00	$ 678,861.00	$ 186,771.00

Sources of Revenue

National Health Grants	$ 73,835.00	8.5%
Provincial Government Grant	90,265.00	10.4%
Milk Control Board Grant	4,320.00	0.5%
Dental Clinic at General Hospital	3,691.00	0.4%
Social Allowances Act	131,908.00	15.3%
City of Winnipeg	561,613.00	64.9%
Total	$ 865,632.00	100.0%

Cost per capita $ 3.41